



HIGH SCHOOL REGISTRATION FORM

Office of the Registrar/Admissions

PO Box 749 Barrow, AK 99723

907-852-1754 or 1757 fax: 907-852-1784

registration@ilisagvik.edu

SEMESTER: ☐ Fall ☐ Spring ☐ Summer YEAR: 20 ____ High School Type: Dual Credit ____ Early College ____

High School: _____ Expected Date of High School Graduation: _____

STUDENT NAME: _____

Last

First

Middle

SSN: _____ DATE OF BIRTH: _____ GENDER: ☐ Male ☐ Female ☐ Other

EMAIL: _____ PHONE: _____ PHONE # 2: _____

MAILING ADDRESS: _____

Street/PO Box

City

State

Zip

ETHNIC ORIGIN: ☐ Alaska Native ☐ African American ☐ American Indian ☐ Asian
☐ Caucasian ☐ Native Hawaiian ☐ Hispanic ☐ Pacific Islander ☐ Other _____

ALASKA RESIDENT (1 yr)? ☐ Yes ☐ No

U.S. CITIZEN? ☐ Yes ☐ No

U.S. PERMANENT RESIDENT? ☐ Yes ☐ No

Nation of citizenship if not a U.S. Citizen: _____

ARE YOU THE FIRST GENERATION OF YOUR FAMILY TO ATTEND COLLEGE? ☐ Yes ☐ No

BILLING: Please complete below if bill is NOT to be paid by the student or family.

School District or other funding institution: _____ Contact Person: _____

Address: _____ Phone/email: _____

HOW DID YOU HEAR ABOUT US: ☐ Email ☐ Social Media ☐ KBRW Radio ☐ Ads ☐ Flyers ☐ Recruiter ☐ Website
☐ Other: _____

Dept.	Course #	Sec #	Course Title	Time & Place	Credits	Audit	Instructor

TOTAL CREDITS: _____

Initial here: _____ I acknowledge that I am fully responsible for costs not covered by Financial Aid, employers, grants, or scholarships.

Tuition: \$ _____

Tuition = \$225/credit hour

Registration Fee: \$ 50

Student Support Fee: \$ 120 (full time)

Course, Lab, & Material Fee: \$ _____

Other: \$ _____

Total Tuition & Fees: \$ _____

This form represents permission for exchange of information between the School District and/or other funding organization and Ilisaġvik College pertaining to the above-mentioned student and classes.

STUDENT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

HIGH SCHOOL OFFICIAL SIGNATURE: _____ TITLE: _____ DATE: _____

DUAL CREDIT ADVISOR SIGNATURE: _____ DATE: _____

REGISTRATION SIGNATURE: _____ DATE: _____

RELEASE INFORMATION: The Family Educational Rights and Privacy Act (FERPA) protects a student's right to privacy by limiting information that can be released to the public to what is referred to as Directory Information. Directory Information is that part of an education record of a student that would not generally be considered harmful or an invasion of privacy if disclosed. Directory Information can NEVER include: student identification number, race, social security number, ethnicity, nationality, gender. Directory Information can be released to the public without permission from the student. Directory Information at Ilisaġvik College includes: student name, local address, permanent address, email address, photos, telephone numbers, names and dates of previous high schools and colleges attended, classification (freshman, sophomore, etc.), enrollment status, major field of study, dates of attendance and anticipated date of graduation, participation in officially recognized activities, degrees and awards granted. Photos may be used for promotional or reporting purposes. If you DO NOT want this information released, see the Registration Office for the Opt Out Form. By signing above, I authorize Ilisaġvik College to use student's name and image in marketing material.