



Personal Information

LEGAL NAME Last _____ First _____ Middle _____

Maiden/Other Last Name (if applicable) _____ Suffix _____

Birth Date _____ **Gender** ☐ Male ☐ Female

Are you a documented resident of Iowa? ☐ Yes ☐ No If NO, state of residency: _____

You must have lived in Iowa for at least 90 days to be considered a documented resident

Home Address

Street _____ PO Box _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

If you would like to receive text message, please indicate your carrier: ☐ AT&T ☐ US Cellular ☐ Verizon ☐ Other

Are you Hispanic/Latino? ☐ Yes ☐ No

Select one or more: ☐ White Non-Hispanic ☐ Black or African American
☐ Asian or Pacific Islander ☐ American Indian Alaska Native

Academic Information

High School _____ **Current Grade Level** (circle) 9 10 11 12

Anticipated High School Graduation Year _____

College where I have taken other classes

College _____ City/State _____

College _____ City/State _____

Does your mother have a Bachelor's Degree? ☐ Yes ☐ No

Does your father have a Bachelor's Degree? ☐ Yes ☐ No

Goal of taking NIACC classes (Please select ONE)

- | | |
|---|--|
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Certificate/Licensure requirement |
| <input type="checkbox"/> Enter job market | <input type="checkbox"/> Self improvement |
| <input type="checkbox"/> Improve job skills | <input type="checkbox"/> Personal interest |
| <input type="checkbox"/> Change careers | <input type="checkbox"/> Undecided |

Enrollment Information

☐ August (Fall Term) ☐ January (Spring Term) ☐ December (Winter Break Term) ☐ May/June (Summer Term)

High School Seniors Only

Are you considering NIACC after high school graduation? (If yes, this form will be considered your application for admission.)

Please indicate the major you are considering _____

Will you plan to live on campus? ☐ Yes ☐ N

Class Registration Information

Course Number	Section	Course Title	Semester Hours

Family Educational Rights & Privacy Act (FERPA)

☐ I hereby authorize NIACC to release information pertaining to test results, school performance, grades (may include unofficial transcripts), attendance records, evaluation, and personal information to my high school and parent/guardian.

Self Pay Permission Form

We/I am aware that _____ is enrolling in Self Pay classes and that we
(Student name)
are responsible for all tuition, fees and book charges related to the enrollment in this course(s).

Semester Hours	Resident Tuition	Materials/Lab/Supplies Fee	Student Activities Fee	Technology Fee	TOTAL COST
1	\$133.75	\$12.00	\$4.00	\$10.00	\$159.75
2	\$267.50	\$24.00	\$8.00	\$20.00	\$319.50
3	\$401.25	\$36.00	\$12.00	\$30.00	\$479.25
4	\$535.00	\$48.00	\$16.00	\$40.00	\$639.00
5	\$668.75	\$60.00	\$20.00	\$50.00	\$798.75
6	\$802.50	\$72.00	\$24.00	\$60.00	\$958.50
7	\$936.25	\$84.00	\$28.00	\$70.00	\$1,128.25
8	\$1,070.00	\$96.00	\$32.00	\$80.00	\$1,278.00

☐ I promise to pay North Iowa Area Community College by the first day of the term I am enrolled.

Student Signature _____ Date _____

Parent Signature _____ Date _____
Parent/guardian signature if student is not 18 years of age