



SECTION 1: ID or SOCIAL SECURITY NUMBER*: _____ DATE OF BIRTH: _____ SUMMER SEMESTER YEAR: _____

COMPLETE LEGAL NAME (PLEASE PRINT): _____
LAST FIRST MIDDLE PREVIOUS LAST NAME(S)

PERMANENT ADDRESS: _____
NUMBER AND STREET CITY STATE ZIP COUNTY

PRIMARY PHONE: () _____ CELL HOME EMAIL ADDRESS: _____

EMERGENCY CONTACT NAME: _____ EMERGENCY PHONE: () _____ RELATIONSHIP: _____

SEX AT BIRTH: MALE FEMALE GENDER: MAN (1) WOMAN (2) TRANS MAN (5) TRANS WOMAN (6) NON-BINARY (8) NOT LISTED OR UNKNOWN (7)

SECTION 2:

HIGHEST DEGREE EARNED: _____ PREVIOUS COLLEGES: _____ STATE _____

- A - ASSOCIATE DEGREE B - BACHELOR'S DEGREE C - CERTIFICATE D - DOCTORAL DEGREE
- G - GED Date Completed _____ H - HIGH SCHOOL DIPLOMA M - MASTER'S DEGREE _____ STATE _____
- N - NONE O - OTHER P - FIRST PROFESSIONAL DEGREE

HIGH SCHOOL, CITY & STATE: _____ GRADUATION DATE _____ RESIDENCE STATUS: IN-DISTRICT 529 (1) OUT-OF-DISTRICT (3)

IF YOU ARE A CURRENT HIGH SCHOOL STUDENT, PROVIDE ANTICIPATED HS GRADUATION DATE: _____ OUT-OF-STATE (5) FOREIGN (7)

OFFICIAL TRANSCRIPTS MUST BE SENT TO THE ADMISSIONS OFFICE OF YOUR IECC COLLEGE.

WHAT IS THE HIGHEST COLLEGE DEGREE EARNED BY EITHER PARENT? PARENT DID NOT ATTEND COLLEGE
 SOME COLLEGE (NO CREDENTIAL) CERTIFICATE ASSOCIATES (2-YEAR) DEGREE
 BACHELORS (4-YEAR) OR HIGHER DEGREE UNKNOWN
 IF NOT, WHAT COUNTRY? _____
 IF YOU ARE NOT A US CITIZEN, DO YOU HOLD A PERMANENT RESIDENT CARD? YES NO
 IF YES, YOU MUST PROVIDE THE CARD TO STUDENT SERVICES

ETHNICITY

ARE YOU HISPANIC OR LATINO (OR SPANISH ORIGIN?) YES NO

SELECT ONE OR MORE OF THE FOLLOWING RACES:

- ASIAN WHITE
- NATIVE AMERICAN INDIAN/ALASKAN - NON RESIDENT
- BLACK/AFRICAN AMERICAN NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER
- MIDDLE EASTERN OR NORTH AFRICAN

VETERAN STATUS:

- NOT A VETERAN ACTIVE DUTY
- VETERAN OF ACTIVE MILITARY SERVICE

SECTION 3:

PROGRAM CODE(S)/MAJOR(S): _____ ANTICIPATED GRADUATION DATE: _____

CRN				COURSE				NUMBER				SECTION				1-GRADE	CREDIT	REPEAT
																2-P/F		Y/N

***THE DISCLOSURE OF A SOCIAL SECURITY NUMBER IS VOLUNTARY** AND NOT REQUIRED FOR ENROLLMENT IN AN ILLINOIS EASTERN COMMUNITY COLLEGE. A STUDENT REQUESTING FINANCIAL AID/SCHOLARSHIPS OR EXPECTING TO RECEIVE TAX INFORMATION WILL BE REQUIRED TO PROVIDE A SOCIAL SECURITY NUMBER.

•I CERTIFY THAT ALL INFORMATION IS ACCURATE AND COMPLETE AND THAT I AM RESPONSIBLE FOR KEEPING IECC UP TO DATE WITH MY CURRENT NAME, PHYSICAL ADDRESS AND PHONE NUMBER BY SUBMITTING A STUDENT INFORMATION UPDATE FORM TO THE REGISTRATION AND RECORDS OFFICE AT MY COLLEGE.

•I ACKNOWLEDGE THAT BY COMPLETING REGISTRATION FOR CLASSES I AM ENTERING INTO A LEGAL BINDING CONTRACT WITH ILLINOIS EASTERN COMMUNITY COLLEGES #529 TO PAY ALL TUITION, FEES, BOOKSTORE CHARGES, AND RELATED EXPENSES BY THE PAYMENT DUE DATE. I UNDERSTAND THAT IF I DO NOT DROP MY CLASSES WITHIN THE ALLOWABLE TUITION CANCELLATION PERIOD (REFER TO REFUND POLICY IN IECC CATALOG), THEN I AM FINANCIALLY OBLIGATED TO PAY FOR THE COURSES EVEN IF I NEVER ATTEND ANY CLASS SESSION(S). I UNDERSTAND THAT ANY REMAINING UNPAID BALANCE AT THE APPLICABLE MIDTERM WILL BE ASSESSED A ONE-TIME 5% FEE. SHOULD I DEFAULT ON PAYMENT, I UNDERSTAND THAT I SHALL BE RESPONSIBLE FOR ALL COLLECTION COSTS AND LEGAL FEES THAT IECC MAY INCUR TO COLLECT ANY UNPAID BALANCE. COLLECTION COSTS RANGE BETWEEN 25% AND 33% OF AMOUNT OWED. I FURTHER ACKNOWLEDGE THAT ANY MONEY OWED TO IECC UNDER A PAYMENT PLAN CONSTITUTES AN EDUCATION LOAN THAT CANNOT BE DISCHARGED IN FEDERAL BANKRUPTCY.

•I AUTHORIZE IECC AND ITS AGENTS AND CONTRACTORS TO USE TEXT MESSAGES, PERSONAL CALLS AND EMAILS, IN THEIR EFFORTS TO CONTACT ME REGARDING MY STUDENT ACCOUNT AND GENERAL INFORMATION ABOUT IECC. FURTHERMORE, I UNDERSTAND THAT I MAY WITHDRAW MY CONSENT TO CALL OR TEXT MY CELLULAR TELEPHONE USING AUTOMATED TELEPHONE DIALING AND/OR TEXTING EQUIPMENT BY SUBMITTING MY REQUEST IN WRITING (EMAIL, TEXT, OR LETTER) TO IECC OR THE APPLICABLE CONTRACTOR OR AGENT CONTACTING ME ON BEHALF OF IECC. **I UNDERSTAND AND AGREE THAT IECC USES EMAIL AS AN OFFICIAL METHOD OF COMMUNICATION AND THAT I AM RESPONSIBLE FOR READING THE EMAILS RECEIVED FROM IECC.EDU ON A TIMELY BASIS.**

•I UNDERSTAND AND AGREE THAT IECC IS NOT RESPONSIBLE FOR PROVIDING ACCIDENT, HEALTH, OR MEDICAL INSURANCE FOR MEDICAL SERVICES AND THAT I AM SOLELY RESPONSIBLE FOR ANY AND ALL MEDICAL BILLS INCURRED AS A RESULT OF INJURY OR LOSS DURING MY PARTICIPATION IN IECC CLASSES. I CERTIFY THE ABOVE STATEMENTS ARE CORRECT AND COMPLETE.

IF STUDENT IS UNDER THE AGE OF 18, A PARENT/GUARDIAN SIGNATURE IS REQUIRED.

PARENT/GUARDIAN SIGNATURE DATE

STUDENT SIGNATURE DATE

ADVISOR/INSTRUCTOR SIGNATURE DATE

I live out-of-district/out-of-state but work full time within IECC District 529.

Fee Paying Agency _____

SECTION 3: (continued)

CRN				COURSE			NUMBER				SECTION			1-GRADE 2-P/F	CREDIT	REPEAT Y/N

SECTION 4:

REASON FOR ENROLLMENT—CHECK ONE:

- 1. PREPARE FOR TRANSFER
- 2. IMPROVE SKILLS FOR A JOB
- 3. PREPARE FOR A FUTURE JOB
- 4. PREPARE FOR GED
- 5. PERSONAL INTEREST
- 6. UNKNOWN/EXPLORE COURSES/CAREER/OTHER

Parental Status—CHECK ONE:

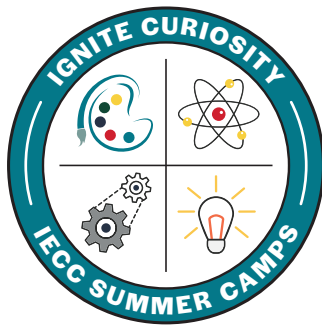
- 1. Student is not a parent
- 2. Single-Parent Student (includes pregnant individuals)
- 3. Married-Parent Student (includes pregnant individuals)

Are you a Student in Care and/or Homeless?—CHECK ONE:

- 1. Homeless - Lacking a fixed, adequate nighttime residence
- 2. Student in Care - Any person who was/is under DCFS custody
- 3. Homeless and Student in Care
- 4. Not applicable



Illinois Eastern Community College District No. 529 does not discriminate on the basis of race, color, sex, pregnancy, gender identity, sexual orientation, age, marital status, parental status, religious affiliation, veteran status, national origin, ancestry, order of protection status, conviction record, physical or mental disability, genetic information, or any other protected category.



EMERGENCY CONTACT INFORMATION

Student's Name: _____ Age: _____

What grade will the student be entering in Fall 2024? _____

Parent/Guardian (Please print): _____

Parent/Guardian Phone: _____

Emergency Contact #2 (Please print): _____

Emergency Contact #2 Phone: _____

Student's Food Allergies: _____

Other Allergies: _____

Will the student be taking any medication while in our program? Yes No

If yes, please list and explain: _____

Parent/Guardian Health Insurance Provider: _____

Parent/Guardian Signature: _____

WAIVER, LIABILITY RELEASE AND INDEMNIFICATION AGREEMENT

Event Name/Title:	
Brief Description of Event Activities:	
Date(s) of Event:	Location of Event:

Hereinafter called "EVENT".

I am _____ (**Participant Name**). In consideration of Illinois Eastern Community College District #529's, (Hereinafter called "The College") agreement to permit me to participate in the **Event**, I agree as follows:

1. I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby *release and forever discharge* The College and its employees, agents, and representatives from any and all liability whatsoever (including all liability arising directly or indirectly from the actions of The College or its employees, agents, or representatives), for any and all damages, losses or injuries (including death) I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorney fees, which arise out of, result from, occur during or are in any way connected, directly or indirectly, with my participation in the **Event**, or any travel incident thereto, unless any such damages or injury is primarily the direct result of a negligent act or omission by The College or any of its employees or lawful agents and not caused in part by my own negligence.

2. I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to *indemnify, defend and hold harmless* The College and its employees, agents, and representatives from any and all liability (including all liability arising directly or indirectly from the negligence of The College or its employees, agents, or representatives), loss, damage or expense, including attorney fees, which arise out of, occur during or are in any way connected, directly or indirectly, with my participation in the **Event**, or any travel incident thereto, unless any such damages or injury is primarily the direct result of a negligent act or omission by The College or any of its officers, employees or lawful agents and not caused in part by my own negligence.

3. I recognize and acknowledge that The College does not carry health or hospital insurance that would provide insurance coverage for me in the event I should sustain an injury while participating in the **Event**. In the event of my injury, I authorize The College representative to secure whatever treatment is deemed necessary by an attending physician.

4. Various photographs, films, or video tapes may be taken during the **EVENT** for the purpose of promoting The College or other similar type uses. There is a possibility that participants will be photographed. I give my consent to authorize The College or any entity or person authorized or designated by it the use and reproduction of any and all photographs, video or film taken of the person named below during related activities. I understand there will be no compensation to me. All negatives and positives, together with said prints, video or film are the property of The College or the entity or person authorized or designated by it, solely and completely. I also waive any right to inspect or approve any photo, video or film taken. I affirmatively release and discharge The College from responsibility for any distortion of photos, video or film taken of me during my participation in the **EVENT**.

5. In signing this document, I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up substantial legal rights I might otherwise have and that I have signed it knowingly and voluntarily.

THE UNDERSIGNED, BY HIS/HER SIGNATURE BELOW, AFFIRMS THAT HE/SHE HAS CAREFULLY READ THIS WAIVER, LIABILITY RELEASE AND INDEMNIFICATION AGREEMENT, UNDERSTANDS ITS CONTENTS AND PURPOSES, AND VOLUNTARILY AGREES TO ALL THE TERMS SET FORTH ABOVE.

Participant Signature	DOB	Date	Name of Participant
_____	_____	_____	_____

If Participant is a minor, provide signature from Guardian:

Guardian Signature	Date
Name of Guardian _____	_____