



# MADISON COLLEGE

## Under 16 Registration Form

Pursuant to the 1989 Wisconsin Act 24, Madison College may accept students under the age of 16 into classes for which they satisfy the requirements and have the ability to benefit from the instruction.

Individuals who have not reached their sixteenth birthday prior to the start date of the class must complete this form and obtain written consent of a parent or guardian, and must not be attending Madison College during the hours of the normal school day, as established under statutes 119.18 (7) or 120.12 (15).

**Madison College reserves the right to deny enrollment in a class due to safety and/or educational concerns. Certain conditions may require instructor consent.**

Submit your completed form in **one** of the following ways:

**In-person (preferred):** Enrollment Center, Truax Campus, Rm. A1000 or any regional or metro campus

**Fax:** (608) 243-4353

**Mail:** Enrollment Center, Madison College, 1701 Wright St. Madison, WI 53704

### STUDENT INFORMATION

Student Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Student ID (required) \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### CLASS INFORMATION

Academic Year \_\_\_\_\_ Term:  Fall  Spring/Interim  Summer  
 Class Number (5 digits) \_\_\_\_\_ Catalog Number (8 digits) \_\_\_\_\_  
 Class Title \_\_\_\_\_ Location \_\_\_\_\_  
 Class Start Date \_\_\_\_\_ Meeting Time(s) \_\_\_\_\_

*I understand that the class content will be of post-secondary quality, and that adult standards for academic performance and class conduct will be maintained. I believe that I have the appropriate preparation and/or ability to benefit from this class as follows (please briefly describe prior training or ability to benefit):*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### PARENT/GUARDIAN PERMISSION

Parent Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*My child/ward has permission to register and attend the aforementioned course at Madison College.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### DEAN/CAMPUS ADMINISTRATOR ACTION - MADISON COLLEGE USE ONLY

Dean/Campus Administrator Name \_\_\_\_\_ Title \_\_\_\_\_

Decision:  Registration Approved  Registration Denied

Dean/Campus Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

*Enrollment Center - Records Use Only - Verify student is scheduled or remove from class with a 100% refund.*  
 Staff Name \_\_\_\_\_ Staff Title \_\_\_\_\_ Date Processed \_\_\_\_\_