TREASURE VALLEY COMMUNITY COLLEGE

Registration Form

Center for Business, Workforce & Community Learning (CBWCL)

TVCC Student ID –or– Social Security Number _____ Date of Birth **(Required)** _____

Last Name (Required) _____ First Name (Required) _____ M.I. _____

Physical HOME Address (Required) _____ City _____ State _____ Zip _____

Mailing Address (if different than above) _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____ Work Phone _____

E-mail Address _____

*Providing your social security number is voluntary. If you provide it, the college will use your social security number for keeping records, doing research, reporting, extending credit, and collecting debts. The college will not use your number to make any decision directly a*ecting you or any other person. Your social security number will not be given to the general public. If you choose not to provide your social security number, you will not be denied any rights as a student. Providing your SSN means that you consent to the use of your number in the manner described.

Persons having questions about or requests for special needs and accommodations should contact the Disabilities Services Coordinator at Treasure Valley Community College, 650 College Blvd., Ontario, OR 97914. Telephone (541) 881-5812.

Is your employer paying for your class? ☐ **Yes** ☐ **No** * If you answered yes, we will need authorization from the company in one of the following formats: Company PO (Purchase Order), Agency Voucher, or a TVCC Third-Party Authorization Form.
All authorizations must include: 1**.** A signature by an officer of the organization, ***2.*** Billing address, ***3.*** Contact name, ***4.*** Email address or phone number, ***5.*** Type or amount of fees covered, ***6.*** Year and term covered, ***7.*** For Third-Party Transfers, Student ID is required.

CLASSES **ADDED:** 2026-2027 ☐ **Summer** ☐ **Fall** ☐ **Winter** ☐ **Spring**

Course #	Section	Course Title	Time	Days	Instructor	Course Fee
NATR 101		S-130/S-190 Basic Firefighter II	TBA	February 20, 21, 27, 28 2027	STAFF	$250

CLASSES **DROPPED:** **Subject to CBWCL Policy.**

Course #	Section	Course Title	Time	Days	Instructor

Gender:
☐ Male ☐ Female

U.S. Veteran?
☐ Yes ☐ No

Citizenship:
☐ U.S. Citizen/ Oregon
☐ U.S. Citizen/NOT Oregon
☐ Not a U.S. Citizen

High School completed:
☐ Still in high school
☐ High School Diploma
☐ GED
☐ CIM
☐ Proficiency exam
☐ Home school
☐ High School Diploma from a Community College
☐ External diploma program

Select your ethnicity:
☐ Hispanic / Latino
☐ Not Hispanic / Latino

Select your preferred race:
☐ American Indian / Alaskan Native
☐ Black / African American
☐ Native Hawaiian / Pacific Islander
☐ Asian
☐ White
☐ Other _____

Highest degree level you have completed:
☐ None
☐ Other (short term training)
☐ 1–Year Certificate
☐ 2–Year Associate Degree
☐ Bachelor's Degree
☐ Master's Degree
☐ Ph.D./Professional Degree

Marital Status:
☐ Divorced / Separated
☐ Married
☐ Single
☐ Widowed

Primary reason for attending TVCC:
☐ Take transferrable classes
☐ Learn skills to get a job
☐ Improve job skills
☐ Explore Career / Academics
☐ Take classes to earn HS diploma / GED
☐ Improve reading/writing/math skills
☐ Learn English Language
☐ Personal Interests / enrichment
☐ Other: _____

By signing this registration form, I agree to pay all tuition and fees applicable to the courses registered for above. Charges are subject to change at any time before the start of an academic quarter. The current charges can be found in the most recent printed class schedules, and on the college website. Whether or not any court action is involved, all expenses, fees, attorney fees and actual collection costs incurred by TVCC in an attempt to collect funds due shall become a part of the unpaid principle balance and payable upon demand. When expenses, fees and collection costs become a part of the unpaid principle balance, I understand my debt to TVCC may double. In the event legal action is instituted for the collection of this debt, the prevailing party shall be entitled to recover, at trial and on appeal, reasonable attorney fees and costs.

Student Signature (Required) _____ Date _____

Student Consumer Information: Treasure Valley Community College complies with the Student-Right-to-Know Act, Campus Security/Clery Act of 1990 and Equity in Athletics Disclosure Act. For information or complete reports concerning graduation, completion, and transfer-out rates, the annual campus security report, athletic program participation rates and ,nancial support data, and the college's policy concerning drug and alcohol abuse prevention, please visit http://www.tvcc.cc/about_tvcc/index.cfm.