

ILLINOIS CENTRAL COLLEGE

**ACT REVIEW 2012
STUDENT REGISTRATION FORM**

PLEASE PRINT

Name _____ Date of Birth _____ (Must have for registration)

Address _____

City _____ State _____ Zip _____

Parent/Guardian _____ Home phone _____

Day-time phone _____ Cell phone _____

Email _____

The following information is required by the State of Illinois and is for the purpose of determining the extent to which our programs serve the community. Your response will be kept confidential and does not affect enrollment in this class.

Ethnic/Racial Classification: (Circle One)

- American Indian of Alaskan Native
- Asians or Pacific Islander
- Black Non-Hispanic
- Hispanic
- White Non-Hispanic
- Nonresident Alien
- Other/Unknown

Gender: (Circle One)

- Male
- Female

REFUND POLICY: If you need to cancel your registration for the ACT Review, you **must** contact ICC's Corporate and Community Education Department **five (5) working days** before the start of the first class. If you do not contact ICC at **309-690-6900** to cancel your registration, your fee will not be refunded.

PLEASE NOTE: This is NOT a registration for the ACT TEST.

You can obtain ACT Exam registration materials from your counselor or contact the ICC Testing Office at 309-694-5234.

Payment: (check one) ___ Check ___ Money order ___ Credit card

Credit Card: (check one) ___ Visa ___ MasterCard ___ Discover

Card No. _____ Expiration date _____

CVV Code (3-digit code on back of credit card) _____

Name of
Card Holder _____ Telephone _____

Signature _____

Registration Fee: \$80.00 _____ Registration Fee: \$27.00 (Optional Writing) _____ Total Fee _____