



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 _____