

TEACHER-IN-SERVICE REGISTRATION FORM

*Last Name:	*First Name:	*Middle Name:	Former Name(s)	
Home Phone:	Cell Phone:	LCSC ID#:	*SSN:	
*Mailing Address:		City:	State:	*Zip Code:
Email:	*Birthdate:	*Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Bachelor Degree? YES <input type="checkbox"/> NO <input type="checkbox"/>	

Boxes marked with an * are REQUIRED information for IRS reporting and to prevent creating duplicate records.

Term	Subject/Course #	Section #	Title	Instructor	Credits
Total Credits:					

I understand I must be registered to attend the Lewis-Clark State College class(es). I agree to pay all charges upon registration. I understand that if fees are not paid within 1 week of registration my enrollment is subject to cancellation for non-payment. A \$20 fee will be assessed on checks returned by the bank.

Student's Signature: _____ Date: _____

ID#:	Name:	Section:
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Payment Type:	Amount
Cash	
Check (# _____)	
Waiver (type _____)	
Credit Card**	
TOTAL:	

****Credit/Debit Card payments** incur a 2.5% service fee and must be made on WarriorWeb within 7 days of registration to avoid having your enrollment canceled for non-payment.

Please contact the LCState Helpdesk at 208-792-2231 or helpdesk@lcsc.edu if you need assistance with accessing WarriorWeb or your LCMail.