Registrar & Records

**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 Female | Bachelor Degree? YES NO |

*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: |

**\*\*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.

|  |  |
| --- | --- |
| **Payment Type:** | **Amount** |
| Cash |  |
| Check (# \_) |  |
| Waiver (type ) |  |
| Credit Card\*\* |  |
| **TOTAL:** |  |

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

500 8th Avenue, RCH 108 [www.lcsc.edu/registrar](http://www.lcsc.edu/registrar)

208.792.2223 registrar@lcsc.edu