

# INDIANA UNIVERSITY High School

## Indiana University/Purdue University Rural Program Registration Form

Need help with this form? Call 800.334.1011 for assistance. Please complete both sides completely and accurately.

### Student Information

Full Legal Name (Please print.):

\_\_\_\_\_  
Last

\_\_\_\_\_  
First Middle

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Country  
( )

\_\_\_\_\_  
Country of citizenship

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email address

Birth date (mm/dd/yy) \_\_\_\_\_  Female  Male

### Ethnicity

User ID (assigned to you if you have previously registered for independent study courses) \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian/Alaska Native          | <input type="checkbox"/> Asian                 |
| <input type="checkbox"/> Black/African American                 | <input type="checkbox"/> Hispanic/Latino       |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> White                 |
| <input type="checkbox"/> Other American                         | <input type="checkbox"/> Nonapplicable (Alien) |
| <input type="checkbox"/> Refuse to Answer                       |  |

I am a student with a documented disability(ies) and would like to request disability support services and/or auxiliary aids.

### Important Approval

**Before registering:** If credit is to apply toward a high school diploma from a high school other than Indiana University High School (IUHS), a high school counselor or principal must sign below.

\_\_\_\_\_  
Approving person's signature

\_\_\_\_\_  
Title ( )  
Phone number

\_\_\_\_\_  
Name of institution

\_\_\_\_\_  
Address of institution

High school ETS code: \_\_\_\_\_

**IMPORTANT:** We must have your high school's ETS code if you want us to report a final grade to your high school. Please fill out the **Permission to Release Information section** on the back of this form or online at <http://scs.indiana.edu/unhs/forms.html>.

### For Office Use Only

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Check or money order | <input type="checkbox"/> Visa           | <input type="checkbox"/> Affiliation _____                 |
| <input type="checkbox"/> American Express     | <input type="checkbox"/> Purchase order | <input type="checkbox"/> Billing _____                     |
| <input type="checkbox"/> Discover             | <input type="checkbox"/> Financial aid  | <i>Business or school purchase order must be enclosed.</i> |
| <input type="checkbox"/> MasterCard           | <input type="checkbox"/> First class    |  |
|   | <input type="checkbox"/> Overseas       |  |

### Confidential Information (this information will NOT be kept in your paper file)

Full Legal Name (Please print.):

\_\_\_\_\_  
Last

\_\_\_\_\_  
First Middle

\_\_\_\_\_  
Social security number - -

I decline to release my social security number. \_\_\_\_\_  
Signature required to decline

