

**Kankakee Community College**  
**Fitness Center Re-Enrollment Form**

OFFICE OF ADMISSIONS AND REGISTRATION  
 100 College Drive • Kankakee, IL 60901-6505 • 815-802-8520 • FAX: 815-802-8101

Today's date \_\_\_/\_\_\_/\_\_\_ Registration for which term: Fall 20\_\_\_ Spring 20\_\_\_ Summer 20\_\_\_

**PLEASE PRINT.**

Name: \_\_\_\_\_  
LAST FIRST MIDDLE (FULL)

Course no.: \_\_\_\_\_ . \_\_\_\_\_ Course title: Fitness Center  
PREFIX /No. SECTION

Choose one of the following options: Pass/Fail Traditional letter grade

Last semester/term at KCC Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_  
YEAR YEAR YEAR

All information same as previous registration form. (Skip to signature)

**Complete this information only if there is a change**

Previous last name: \_\_\_\_\_  
LAST FIRST MIDDLE (FULL)

Colleague I.D. no.: \_\_\_\_\_  
IF CHANGED

Street address: \_\_\_\_\_ Apt. no.: \_\_\_\_\_ PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ County: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work/alternate phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_

Email address (optional): \_\_\_\_\_

**Please check one:**

- ID - District 520 resident    OD - Out-of-district Illinois resident    OS - Out-of-state resident    F/FR - Non-US resident  
 f DE - KCC Dependent    - KCC Full-time employee    SC - Senior citizen (60 or older)

In case of emergency please contact: \_\_\_\_\_ Phone: \_\_\_\_\_

By signing below, I acknowledge that I am registered for the courses listed on this form. I understand it is my responsibility to notify the Admissions and Registration Office in writing of any additional changes to my schedule. I also understand that I am responsible for monitoring all refund and withdrawal dates posted on my registration statement.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_  
 Checker's initials  
 E\_\_\_\_ U\_\_\_\_

**OFFICE USE ONLY**    \_\_\_ Assessment    \_\_\_ Academic warning confirmation    \_\_\_ Records obligation    \_\_\_ Financial obligation  
 \_\_\_ Counselor's initial    \_\_\_ Counselor's initial    \_\_\_ Records office initial    \_\_\_ Business office initial

Colleague ID	<b>Residency</b> <input type="checkbox"/> ID - In-district <input type="checkbox"/> IN - Indiana (Newton, Benton, Lake) <input type="checkbox"/> OD - Out-of-district <input type="checkbox"/> OS - Out-of-state	<b>Student type</b> <input type="checkbox"/> ATF - Athlete full scholarship <input type="checkbox"/> ATP - Athlete partial scholarship <input type="checkbox"/> CP - Cooperative agreement <input type="checkbox"/> DE - Dependent <input type="checkbox"/> EM - Full-time employee <input type="checkbox"/> F - Foreign <input type="checkbox"/> FR - Foreign resident <input type="checkbox"/> HS - HS in-district-not residence	<input type="checkbox"/> OL - Olivet Nazarene Univ. <input type="checkbox"/> PD - Property in-district <input type="checkbox"/> SC - Senior citizen <input type="checkbox"/> WD - Working ID—emp pd
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