

## REGISTRATION FORM, FALL 2020, HIGH SCHOOL STUDENT

Students who enroll and fail to attend class are subject to full tuition and fee/charges. Lack of attendance or course abandonment does not constitute an official drop/withdrawal. Students must officially drop or withdraw from class in order to be reimbursed according to the published Refund and Withdrawal Schedule. View our '[Academic Calendars](#)', '[Refund and Withdrawal Schedule](#)' for information.

**Reason for Attending:**

ENRICHMENT

**Semester and Year:**

FALL 2020

\_\_\_\_\_ OR \_\_\_\_\_  
**MassBay 7-Digit Student ID Number (optional)**                      **Social Security Number (optional)**

\_\_\_\_\_

**First Name**    **Middle Initial**    **Last Name**

\_\_\_\_\_

**Birth Date (mm/dd/yyyy)**    **Gender**                      **Home Phone**    **Cell Phone**                      **Personal Email Address**

**Ethnic Group:**  American Indian or Alaskan Native  Asian  Black/African American  
 Cape Verdean  Hispanic/Latino  Native Hawaiian or Pacific Islander  White

\_\_\_\_\_

**Name of High School attending (or note "homeschool")**                      **Expected year of HS graduation**

\_\_\_\_\_

**Parent Name**    **Parent Email**    **Parent Cell Phone**

\_\_\_\_\_

**Permanent Address**    **City/ State/ Zip Code/ Country**

\_\_\_\_\_

**Mailing Address (if different from above)**                      **City/ State/ Zip Code/ Country**

**Pick Class by placing an X in Choice Box Below**

Choice	Four (4) Digit Number				Class	Title	Credit*	Days	Start Time	End Time	Location
	5	3	7	8	CO100-700	INTRO TO COMMUNICATION	3	ONLINE	ONLINE	ONLINE	ONLINE
	5	8	5	9	MG210-700	ENTREPRENUERSHIP Starts NOV2	3	ONLINE	ONLINE	ONLINE	ONLINE
	5	4	9	6	LA230-700	LAW & SOCIETY	3	MW	3pm	4:15pm	REMOTE
	5	4	5	5	SO221- 700	DRUGS & SOCIETY	3	ONLINE	ONLINE	ONLINE	ONLINE
	5	8	4	8	HL103-504	MEDICAL TERMINOLOGY	3	ONLINE	ONLINE	ONLINE	ONLINE
	5	8	4	5	CS106-504	SECURITY AWARENESS (starts November 2)	2	ONLINE	ONLINE	ONLINE	ONLINE
	5	8	4	3	EV103-730 EV103-730L	ENVIRONMENTAL STUDIES I (WITH REQUIRED ONLINE LAB)	4	ONLINE	ONLINE	ONLINE	ONLINE

**Note: Courses may be video or audio recorded. Students have the option of turning off their cameras during recording sessions, but your signature below provides consent for sessions to be recorded.**

\_\_\_\_\_

**Student Signature (required)**                      **Date**                      **Parent Signature (required)**                      **Date**

# MASSACHUSETTS COMMUNITY COLLEGES- IN-STATE TUITION ELIGIBILITY FORM

This form is used to determine tuition and fee charges. **If this page is not completed entirely you will be considered an out-of-state resident for the calculation of tuition and fee charges.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

SSN or Student ID: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Are you a United States Citizen?  Yes  No If not please complete the following.

Do you hold a Permanent Resident Visa?  Yes  No If yes, list Alien Registration Number: \_\_\_\_\_

If you are not a U.S. Citizen or Permanent Resident, please state your Visa or immigration status in detail:

\_\_\_\_\_  
\_\_\_\_\_

## Please check the tuition eligibility category that applies to you below

As proof of my intent to remain in Massachusetts, I possess at least two (2) of the following documents, which I may present to the institution upon request. Requested documents must be dated from **six (6) months to one (1) year** of the academic semester start date for which I am seeking enrollment.

I have not been a Massachusetts resident for six (6) continuous months.

I have been a Massachusetts resident for six (6) continuous months and intend to remain here.

### Please check off **two (2) documents** you possess as proof of your intent to remain in Massachusetts.

Valid driver's license

Utility bills

Employment pay stub

Valid car registration

Voter registration

State or Federal tax returns

Massachusetts High School diploma

Signed lease or rent receipt

Military home of record

Record of parents' residency for un-emancipated person

Other: \_\_\_\_\_

The institution reserves the right to make additional inquiries regarding the student's status and may require the student to submit additional documentation as necessary.

I am an eligible participant in the New England Board of Higher Education's Regional Student Program.  
(Non-Massachusetts residents)

I am a member of the armed forces (spouse or un-emancipated child) on active duty in Massachusetts.

## Certificate of Information

I certify that this information is true and accurate. I understand that any misrepresentation, omission or incorrect information shall be cause for disciplinary action up to dismissal, with no right of appeal or to a tuition refund.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMIT BY EMAIL TO [REGISTRAR@MASSBAY.EDU](mailto:REGISTRAR@MASSBAY.EDU)**

### FOR OFFICIAL USE ONLY:

I have reviewed the above information in order to determine this student's eligibility to receive in-state tuition rate. Based on my review I have determined that this student:

\_\_\_\_\_ IS eligible for in-state tuition rate

\_\_\_\_\_ Is NOT eligible for in-state tuition rate

\_\_\_\_\_ I am unable to make a determination at this time. The following additional information has been requested from the student: \_\_\_\_\_

Authorized College Personnel Signature: \_\_\_\_\_ Date: \_\_\_\_\_