

REGISTRATION FORM

TERM: _____

Registration Information

Last Name		First Name		Middle Initial	Student ID (if known)	
Home Address				City	State	Zip
Country	Primary Phone		Alternative Phone		Gender <input type="radio"/> Male <input type="radio"/> Female	
Email Address			Date of Birth		Social Security Number	
Emergency Contact			Relationship		Phone Number	

Demographic and Residency Information

This information is required and will be used in a nondiscriminatory manner, consistent with applicable civil rights laws. This information will be used for federal and/or state law reporting purposes only.

Check all that apply <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Asian <input type="radio"/> Black/African American <input type="radio"/> Hispanic/Latino <input type="radio"/> International Only <input type="radio"/> Multi-Racial <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> Not Hispanic/Latino <input type="radio"/> White <input type="radio"/> Other	Additional Information (check all that apply) <input type="radio"/> Displaced Homemaker (Homemaker now in need of employment or employment upgrade due to loss of support from spouse) <input type="radio"/> Academically Disadvantaged (Less than HS Diploma) <input type="radio"/> Economically Disadvantaged (Household income less than \$15,000 per year) <input type="radio"/> Single Parent <input type="radio"/> Disabled (legally blind, deaf, speech impaired, wheelchair bound, learning disabilities, etc.) <input type="radio"/> Limited English Proficiency	Have you been a resident of TX for 12 months or more? <input type="radio"/> Yes <input type="radio"/> No If no, State: _____ Country: _____
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Course Information

Course Number	Course Title	Dates	Times	Fee

Payment Information

Choose One: Cash Check Visa MC Discover AMEX

Card Number	Cardholder Name	CVV Code	Exp. Date
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Billing Address: Check if same as above

TX DL#	TDL Exp. Date	Ck number
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Enrollment Information

If this your first course at the Center for Workforce and Community Development? <input type="radio"/> Yes <input type="radio"/> No How did you hear about this course? <input type="radio"/> Email <input type="radio"/> News article <input type="radio"/> Employer <input type="radio"/> Website <input type="radio"/> Social Media <input type="radio"/> Referral <input type="radio"/> Walk-in <input type="radio"/> Workforce Solutions <input type="radio"/> Event <input type="radio"/> Other:	Check the boxes next to your interest areas: <input type="checkbox"/> Advanced Course <input type="checkbox"/> Career/workforce training <input type="checkbox"/> Professional Development workshops <input type="checkbox"/> Small Business Development Center <input type="checkbox"/> Personal Enrichment <input type="checkbox"/> Linked class <input type="checkbox"/> Kids at College Summer camp <input type="checkbox"/> Computer Technology <input type="checkbox"/> Healthcare <input type="checkbox"/> Recreation and Fitness <input type="checkbox"/> Senior Adult & Travel <input type="checkbox"/> Adult Ed/Literacy <input type="checkbox"/> Online Education <input type="checkbox"/> Information Sessions
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Release Agreements and Student Signature

I grant Lee College permission to use/release any of the provided information, photographs, comments or directory information. I understand I will not be paid for any use of my images, videos, or comments now or in the future.

Student Signature: _____

Date: _____

For Office Use Only

Receipt Number	Date	Staff Initials	Notes