



VERNON COLLEGE

CONTINUING EDUCATION REGISTRATION FORM



Vernon Campus: 4400 College Drive, Vernon, TX 76384 • (940) 552-6291 Ext 2210

Century City Center: 4105 Maplewood, Wichita Falls, TX 76308 • (940) 696-8752 Ext 3295 • FAX: (940) 689-3871

Skills Training Center: 2813 Central Expressway E, Wichita Falls, TX 76302 • **Not a Registration Location**

Today's Date _____ Course ID and Term Code _____

Course Title _____

Location _____ Room _____ Begin Date ____ / ____ / ____ End Date ____ / ____ / ____

Days _____ Time: From _____ To _____ Course Hours: _____

Social Security Number ____ / ____ / ____ E-mail Address _____

PRINT Last Name _____ First Name _____ Middle _____

Mailing Address _____ Work/Home Phone # (____) _____

City _____ State _____ Zip _____ Cell Phone # (____) _____

All information given is considered confidential

GENDER: Male Female **Date of Birth** (Month/Day/Year): ____ / ____ / ____ **Age** _____

CHECK ALL THAT APPLY:

- | | | |
|---|---|--|
| <input type="checkbox"/> Single Parent | <input type="checkbox"/> High School Graduate | <input type="checkbox"/> Emotional Dysfunction |
| <input type="checkbox"/> Displace Homemaker | <input type="checkbox"/> GED | <input type="checkbox"/> Mobility Impairment |
| <input type="checkbox"/> Veteran | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Dislocated Worker | <input type="checkbox"/> Speech Impairment | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Hazlewood | <input type="checkbox"/> Economically Disadvantaged | <input type="checkbox"/> Limited English <input type="checkbox"/> None Apply |

GOAL FOR ATTENDING

- (4) New Job; Improve Skills
- (5) Personal Enrichment
- (O1) Maintain Licensure
- (O3) CE Enrichment
- (6) Did Not Respond
- Other _____

RESIDENCY STATUS:

Have you been a resident of Texas for the last 12 months?

- YES NO

If YES, what county? _____

If NO, in what state do you or did you previously reside?

- | | | |
|--|---|---|
| Ethnicity: <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Non Hispanic/Latino | <input type="checkbox"/> No Response |
| Race: <input type="checkbox"/> White | <input type="checkbox"/> Black, African American | <input type="checkbox"/> Hawaiian/ Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> International <input type="checkbox"/> No Response |

METHOD OF PAYMENT: (Payment is due at the time of Registration)

- Check# _____ Cash Total Tuition/Fees \$ _____ Bill To: _____
- Visa MasterCard Discover Credit Card #: _____ Expires ____ / ____ / ____

REFUND POLICY: Request for a refund or transfer must be received at least **two** Vernon College business days before the first class meeting. A \$15.00 charge will be applied. If a course is cancelled by the college, full refunds are mailed.

Instructions and written materials are provided in English only.

I have read the above information and acknowledge that all information is true to the best of my ability.

Signature: _____ **Date:** _____