



Continuing Education Registration Form

Vernon Campus: 4400 College Drive, Vernon, TX 76384 • (940) 552-6291 Ext 2210 • FAX: (940) 553-1753
Century City Center: 4105 Maplewood, Wichita Falls, TX 76308 • (940) 696-8752 Ext 3295 • FAX: (940) 689-3843
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 _____ Home Phone (____) _____

City _____ State _____ Zip _____ Work/Cell Phone (____) _____

GOAL FOR ATTENDING

- Get a Job
- Improve Skills Needed in Current Job
- Retrain for a New Skill
- Maintain Licensure
- Personal Enrichment
- Other (or none of the above)

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 did you previously reside? _____

All information given is considered confidential

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

How did you hear about this course? _____

CHECK ALL THAT APPLY:

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

ETHNICITY: White Non-Hispanic Black, Non-Hispanic Hispanic
 Asian/Pacific Islander American Indian/Alaskan Native Other

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 refund or transfer must be received at least **one** Vernon College business day before the first class meeting. A \$5.00 charge will be applied. If a course is cancelled by the college, full refunds are mailed. Request for a refund or transfer for a Basic or Advanced Motorcycle course must be received at least **one week** before the first class meeting. 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 X _____ Date: _____