

# CONTINUING EDUCATION REGISTRATION FORM

Last Name	First	MI	DOB - M/D/YR	Social Security Number	PID#
Mailing Address		City/State/Zip Code		County	E-Mail Address
Cell Phone Number	Home Phone Number		Work Phone Number		Other

Residency Status:	QTR Enrollment Period	Year/Term	CE Office Use Only
U.S.A. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Texas Resident (I certify that I have lived in TX for the last 12 months) <input type="checkbox"/> Non-Texas Resident (What state are you a resident of?) _____ <input type="checkbox"/> Foreign (What country are you a citizen of?) _____	<input type="checkbox"/> I (Sept. 1 - Nov. 30) <input type="checkbox"/> II (Dec. 1 - Feb. 28) <input type="checkbox"/> III (Mar. 1 - May 31) <input type="checkbox"/> IV (Jun. 1 - Aug. 31)		BH - <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, advise student.

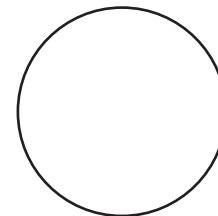
Course 1/Name	CRN/Course	Days	Time	Start Date	End Date	Cont Hours	Bldg/Room #	Cost

Course 2/Name	CRN/Course	Days	Time	Start Date	End Date	Cont Hours	Bldg/Room #	Cost

POLICE ACADEMY ONLY	
Law Enforcement Agency	TCLEOSE PID #

**For Federal, State and Local Reporting Purposes** - All students must initially complete questions 1 - 5. Subsequent changes to this information can be made as needed. Please keep your information current on a yearly basis. This information is voluntary and will be used in a non-discriminatory manner, consistent with applicable civil rights law. This information will be used for federal, state, local reporting and Continuing Education workforce programs purposes only. It will not be used in any admission or assistance decisions. **PLEASE ACKNOWLEDGE:**

1. Highest level of education:  No High School  HS Diploma/GED  Associate's  Bachelor Degree  Graduate/Professional Degree
2. Ethnic Origin:  Hispanic or Latino  Not Hispanic or Latino
3. Race: **(Select one or more races to indicate what you consider yourself to be)**  
 White  Black or African American  American Indian or Alaskan Native  Native Hawaiian or Other Pacific Islander
4. Gender:  Male  Female
5. Family's gross taxed and untaxed income?  Less than \$20,000  \$20,000 - \$39,999  \$40,000 - \$59,999  \$60,000 - \$79,000  more than \$80,000



**IMPORTANT: The Student is NOT considered registered until full payment is received. NO REFUND IS AVAILABLE AFTER THE FIRST CLASS MEETING.**

\_\_\_\_\_  
Signature Date

Revised: 08/2015



## Laredo College

**Drop off your completed registration form at**

**Ft. McIntosh Campus**

**Continuing Education**

**Eloy Garcia Building Office, Room 102**

**956.721.5374**

**Enrollment & Registration Services Center**

**Germa Peña Building, Room 116**

**956.721.5109**

**PAYMENT**

**Bursar's Office: Germa Peña Building, Room 101**

**South Campus**

**Continuing Education**

**Academic and Advanced Technology Center Office, Room 231**

**956.794.4520**

**Enrollment & Registration Services Center**

**Billy Hall Jr. Student Center, Room A113**

**956.794.4109**

**PAYMENT**

**Billy Hall Jr. Student Center, Room A127**