



Office Use: Generated ID _____

REGISTRATION FORM - Check the Appropriate Blank

CONTINUING EDUCATION/OPEN ENROLLMENT
 COMPANY OR SPONSORED TRAINING

Please Complete All Unshaded Areas														
Student Information - REQUIRED								Demographic/Other Information						
Name								The following questions are used by the state to help provide support for our programs. Although not required, your cooperation in answering them is appreciated.						
Last		First			MI									
San Jacinto College ID Number								Preferred First Name:	CHECK ONE: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic					
Home Address								Are you a Veteran of the U.S. Armed Services? Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Street							Apt	White						
							Black or African American							
City			State			Zip Code		Asian						
County or Country:								American Indian or Alaskan Native						
Home Phone: ()								Native Hawaiian or Pacific Islander						
Work Phone: ()								EXT:		I do not wish to answer				
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female		Birthdate	M:	D:	Y:							
Email:								Disability Type:						
								Academically Disadvantaged						
Emergency Contact								Economically Disadvantaged						
Name			Relationship			Phone Number		Limited English Skills						
The San Jacinto College District is committed to equal opportunity for all employees and applicants without regard to race, creed, color, national origin, citizenship status, age, disability, pregnancy, religion, gender, sexual orientation, gender expression, or identity, genetic information, marital status, or veteran status in accordance with applicable federal and state laws. No person including students, faculty, staff, part-time, and temporary workers will be excluded from participation in, denied the benefit of, or be subjected to discrimination or harassment under any program or activity sponsored or conducted by the San Jacinto College District on the basis of the categories listed.								Displaced Homemaker						
								Single parent						
								Highest Grade of Degree Completed:						
Registration Information														
Section No./CRN				Course Title				Start Date		Course Fee or Contract No.				
Company/Sponsor Name								Company/Sponsor ID NO.						
								G						
<p>I certify that all information provided on this form is correct. I understand that this registration cannot be transferred to any other individual. If my tuition for a class(es) is being paid by a company or organization, I hereby give the College permission to release my grades and attendance records for that class(es). A 100% refund is given if a withdrawal request is received before the class begins. No refund is given after the class begins. Courses that link with an academic course will adhere to the stated CPD refund guideline.</p>														
Signature								Date						
<p>Important: Payment for classes, unless billed to your employer/sponsor, is due the same day registered and can be made online or at any campus Business office. Enrollment in a class is not complete until payment is received.</p>														
Registration Office and Fax Numbers:				Office Number		FAX Number		Campus (Circle one)						
Central Campus				281-542-2020		281-476-1833		C N S						
North Campus				281-542-2020		281-459-7196								
South Campus				281-542-2020		281-922-3422								
For Office Use Only		Staff ID:		Date:		Refund request Date:		Staff ID:						
Transfer/Refund		From CRN:		To CRN:		Date:		Staff ID						