

REGISTRATION FORM – CONTINUING EDUCATION/OPEN ENROLLMENT

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.					
<i>Last</i>		<i>First</i>			<i>MI</i>						
San Jacinto College ID Number G											
-OR- Social Security No.										CHECK ONE <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic	
Home Address											
<i>Street</i>					<i>Apt. No.</i>	(1) White					
						(2) Black or African American					
<i>City</i>		<i>State</i>			<i>Zip Code</i>			(4) Asian			
County or Country						(5) American Indian or Alaskan Native					
						(7) I do not wish to answer					
Home Phone		()					(8) Native Hawaiian or Other Pacific Islander				
						VETERAN STATUS					
Work Phone						Are you a Veteran of the US Armed Services?					
()						CHECK ONE <input type="checkbox"/> Yes <input type="checkbox"/> No					
<i>Please include area code and work extension</i>						(1) Academically Disadvantaged					
Gender	M	F	Birth date	MM	DD	YY	(2) Economically Disadvantaged				
						(3) Disability					
Email						Type of Disability:					
Emergency Contact						(4) Limited English Skills					
<i>Name</i>		<i>Relationship</i>			<i>Phone No.</i>			(7) Displaced Homemaker			
It is the policy of the San Jacinto Community College District not to discriminate on the basis of sex, disability, race, religion, color, age, national origin or veteran status						(8) Single Parent					
						Highest Grade or Degree Completed Grade 7, 8, 9,10,11, High School, Some college, Associate, Bachelors, Masters, or Doctorate					

Registration Information							
Section No./CRN		Course Title				Start Date	Course Fee

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 are linked with academic courses will adhere to the stated CPD refund policy.**

Signature				Date			
Important: Payment for classes, unless billed to your employer or sponsor, is due the same day registered and can be made online or at any campus business office. Enrollment into a class is not complete until payment is received.							
Registration Office and Fax Numbers:		Office Number ● Central Campus 281.476.1838 ● North Campus 281.459.7119 ● South Campus & Clear Lake 281.922.3440		FAX Number 281.476.1833 281.459.7196 281.922.3422		Campus (circle one) C N S	
OFFICE USE ONLY		Staff ID:		Date:		Refund Request Date:	
Transfer/Refund		From CRN:		To CRN:		Date:	
		Staff ID:				Staff ID:	

