

**Kilgore College
Workforce Development Department
Registration Form**

Registration will be accepted only if class space is available when it is received. Payment is due at registration.

Date: _____ Student ID#: _____ - _____
(Assigned by Kilgore College)

SS#: _____ - _____ - _____ *In order to help us protect your Social Security number, the college computer system will convert your SS# into your student ID# for your record.*

Name: _____
(Last Name) (First Name) (Middle Initial)

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: (_____) _____ - _____

Business or Cell Phone: (_____) _____ - _____

Email: _____

Gender: ___ Male
 ___ Female

Date of Birth: _____ / _____ / _____

Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers, and our own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. In order to respond to these requests, we ask you to answer the following two questions:

1. Are you Hispanic or Latino? (Are you a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race?)

___ Yes
___ No

2. Please select the racial or other category or categories with which you most closely identify. Check as many as apply:

___ White
___ Black or African American
___ Asian
___ American Indian or Alaska Native
___ International or Non-Resident
___ Native Hawaiian or Other Pacific Islander

Course Name	Course Number	State Date	Tuition
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Please complete form and mail with payment to:
Kilgore College
Workforce Development Department
1100 Broadway
Kilgore, TX 75662