

Kilgore College
Workforce Development & Continuing Education

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	Start Date	Tuition
-------------	---------------	------------	---------

For courses in Kilgore:

Please complete the form and mail with payment to:
Kilgore College
Workforce Development & Continuing Education
1100 Broadway
Kilgore, TX 75662

For courses in Longview

Please complete the form and mail with payment to:
Kilgore College-Longview
Workforce Development & Continuing Education
300 S. High Street
Longview, TX 75601