



Course Registration Form

Please choose which program you are applying for:

EMT

AEMT (only)

Paramedic (includes AEMT)

Course Date: _____

Registration will be accepted only if class space is available when this form is received. Please email this completed application to KCEMS@kilgore.edu.

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.

Sponsoring Agency (if applicable): _____

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

Mailing address: _____ County: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Gender: Male Date of Birth: _____

Female Birthplace: City: _____ State: _____

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:

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Physical Location: Technical Vocational Building #25, 1103 Oak Drive, Kilgore - 903-983-7500

Mailing address: Kilgore College EMS Department, 1100 Broadway, Kilgore, TX 75662

Kilgore College seeks to provide equal educational and employment opportunities without regard to race, color, religion, national origin, sex, age, disability, marital status or veteran status.

***Tuition is non-refundable after first class day.**