



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:	<b>CHECK ONE: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic</b>			
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		
<b>Gender</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female		<b>Birthdate</b>	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												
<b>Section No./CRN</b>				<b>Course Title</b>				<b>Start Date</b>		<b>Course Fee or Contract No.</b>		
<b>Company/Sponsor Name</b>								<b>Company/Sponsor ID NO.</b> G				
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.												
Signature								Date				
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.												
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						
<b>For Office Use Only</b>		Staff ID:		Date:		Refund request Date:		Staff ID:				
Transfer/Refund		From CRN:		To CRN:		Date:		Staff ID				