


Center for Workforce & Community Development

STUDENT INFORMATION				
Last Name		First Name		MI
Home Address		City	State	Zip
County	Home Phone		Cell Phone	Work Phone
Email Address		Date of Birth <i>Month/Day/Year</i>		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security #	Have you been a resident of Texas for 12 months or more? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, in what State/Country did you reside? State _____ Country _____			

<p>Ethnicity 1. Are you of Hispanic Origin? <input type="checkbox"/> YES (if yes, question 2 is optional) <input type="checkbox"/> NO (if no, you <i>must</i> answer, question 2)</p> <p>2. Do you identify with one or more of the following? More than one may be selected. <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <i>The information you choose to provide will be used in a nondiscriminatory manner, consistent with applicable civil rights laws, solely for required reporting under federal and/or state laws. Providing this information is voluntary.</i></p>	<p>For state reporting purposes please check all that apply:</p> <p><input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Academically Disadvantaged (less than high school diploma) <input type="checkbox"/> Economically Disadvantaged (household income less than \$15,000 per year) <input type="checkbox"/> Single Parent <input type="checkbox"/> Disabled (legally blind, deaf, speech impaired, wheelchair bound, learning disabled, etc.)</p>
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	<p>REGISTER IN PERSON: Center for Workforce & Community Development 909 Decker Drive, Baytown TX Office Hours: MT 7:30am - 6:00pm WTh 7:30am - 5:15pm Fri 7:30am - 12:30pm</p>	<p>MAIL TO: Center for Workforce & Community Development PO Box 818, Baytown TX 77522-0818</p>	<p>FAX: 281.425.6855 (with DS, VS, MC or AmEx) CALL: 281.425.6311 (with DS, VS, MC or AmEx)</p>
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COURSE INFORMATION				
COURSE NUMBER	COURSE TITLE	DATES	TIMES	FEE

PAYMENT INFORMATION	
Circle One: CASH DS VS MC AmEX _____ / _____ / _____	Exp. Date: _____ CVV Code (_____)
Card Holder Name _____ Check # _____ TDL# _____	Exp. Date _____

Model Release:
 I do / do not (check one) grant Lee College permission to use my name/child's name, photograph, and comments for marketing, advertising, public relations, and promotional purposes. I understand I will not be paid for any use of my image in any Lee College marketing materials now or in the future.

Non-Release of Directory Information:
 I do / do not (check one) grant Lee College permission to release Directory information to the general public without written consent. Directory items include the student's name, address, major, activities participated in, dates of attendance, and degrees and awards received.

Refund Policy: No refunds will be made after a class begins. We will be happy to issue a full refund if cancellation is received three BUSINESS days before the advertised registration deadline or the class start date. This policy is based on the fact that the Center for Workforce & Community Development classes are self-supporting. Registration fees are used to pay salaries for our instructors as well as for supplies.

_____ Student Signature _____ Date _____

FOR OFFICE USE ONLY:			
Student ID# _____	Receipt # _____	Date _____	Initials _____
			<input type="checkbox"/> RD <input type="checkbox"/> CBM <input type="checkbox"/> FERPA