



# VERNON COLLEGE

## CONTINUING EDUCATION REGISTRATION FORM



Vernon Campus: 4400 College Drive, Vernon, TX 76384 • (940) 552-6291 Ext 2210  
 Century City Center: 4105 Maplewood, Wichita Falls, TX 76308 • (940) 696-8752 Ext 3295 • FAX: (940) 689-3871  
 Skills Training Center: 2813 Central Expressway E, Wichita Falls, TX 76302 • **Not a Registration Location**

Today's Date \_\_\_\_\_ Course ID/Term Code \_\_\_\_\_

Course Title \_\_\_\_\_

Location \_\_\_\_\_ Room \_\_\_\_\_ Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

Days \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_ Course Hours: \_\_\_\_\_

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ E-mail Address \_\_\_\_\_

**PRINT** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Mailing Address \_\_\_\_\_ Work/Home Phone # (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_

All information provided is considered confidential.

**GENDER:**  Male  Female **Date of Birth** (Month/Day/Year): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Age** \_\_\_\_\_

**Ethnicity:**  Hispanic/ Latino  Yes  No  **NO RESPONSE**

**Race:**  White  Black, African American  Hawaiian/Pacific Islander  
 Asian  American Indian/Alaskan Native  International  **NO RESPONSE**

**MANDATORY FOR CTE PROGRAMS. Check all that Apply:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Academically Disadvantaged   | <input type="checkbox"/> English Learner              | <input type="checkbox"/> Homeless Individual                     |
| <input type="checkbox"/> Economically Disadvantaged   | <input type="checkbox"/> Single Parent/Pregnant woman | <input type="checkbox"/> Foster Youth                            |
| <input type="checkbox"/> Individual with Disabilities | <input type="checkbox"/> Out-of-Workforce Individual  | <input type="checkbox"/> Youth with Active Duty Military Parents |
| <input type="checkbox"/> High School Graduate         | <input type="checkbox"/> GED                          |  |
| <input type="checkbox"/> <b>NONE APPLY</b>            |   |  |

**GOAL FOR ATTENDING:**

- New Job; Improved Skill
- Personal Enrichment
- Maintain Licensure
- CE Enrichment
- NO RESPONSE**

**RESIDENCY STATUS:**

Have you been a resident of Texas for the last 12 months?

- YES, what county? \_\_\_\_\_
- NO, what state do you or did you previously reside?  
\_\_\_\_\_

**METHOD OF PAYMENT:** (Payment is due at the time of registration)

- Check # \_\_\_\_\_
- Visa
- MasterCard
- Discover Card Card # \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_ CVV \_\_\_\_\_

Total Tuition/Fees \$ \_\_\_\_\_

Bill To: \_\_\_\_\_

**REFUND POLICY:**

Request for a refund or transfer must be received at least **two** Vernon College business days before the first class meeting. A \$15.00 charge will be applied. If a course is cancelled by the college, full refunds are mailed.

Instructions and written materials are provided in English only.

I have read the above information and acknowledge that all information is true to the best of my ability.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_