

# REGISTRATION FORM

## TERM:

You can register online at [www.lee.edu/workforce](http://www.lee.edu/workforce), in person at 909 Decker Drive, by phone at 281.425.6311, mail at P.O. Box 818, Baytown 77522 or fax at 281.425.6855. Our office is open Monday and Tuesday from 7:30 a.m. to 6 p.m., Wednesday and Thursday from 7:30 a.m. to 5:15 p.m. and Friday from 7:30 a.m. to 12:30 p.m.



### Registrant Information

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	STUDENT ID:
HOME ADDRESS:	CITY:	STATE:	ZIP:
PRIMARY PHONE #:	ALTERNATE PHONE #:	GENDER: Male	Female
EMAIL:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	
EMERGENCY CONTACT:	RELATIONSHIP:	PHONE NUMBER:	

### Demographic and Residency Information

This information is required and will be used in a nondiscriminatory manner, consistent with applicable civil rights laws. This information will be used for federal and/or state law reporting purposes only.

#### Check all that apply

- Hispanic origin  Yes  No
- American Indian/Alaskan Native
- Asian
- Black/African American
- Hispanic /Latino
- International Only
- Multi-Racial
- Native Hawaiian/Pacific Islander
- Not Hispanic/Latino
- White

#### Additional Information (Check all that apply)

- Displaced Homemaker (Homemaker now in need of employment or employment upgrade due to loss of support from spouse)
- Academically Disadvantaged (Less than HS Diploma)
- Economically Disadvantaged (Household income less than \$15,000 per year)
- Single Parent
- Disabled (legally blind, deaf, speech impaired, wheelchair bound, learning disabilities, etc.)
- Limited English Proficiency

Have you been a resident of TX for 12 months or more?

Yes  No

If no, State:

Country:

### Course Information

Course Number	Course Title	Dates	Times	Fee

### Payment Information

Choose One:  Cash  Check  Visa  MC  Discover  AMEX

Card Number: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Billing Address:  Check if same as above

TX DL#: \_\_\_\_\_ TDL Exp. Date: \_\_\_\_\_ Ck number: \_\_\_\_\_

### Enrollment Information

Is this your first course at CWCD?  Yes  No

#### How did you hear about this course?

- |  |  |
|--|--|
| <input type="checkbox"/> Email from    | <input type="checkbox"/> Facebook            |
| <input type="checkbox"/> News article  | <input type="checkbox"/> LinkedIn            |
| <input type="checkbox"/> Billboard     | <input type="checkbox"/> Instagram           |
| <input type="checkbox"/> Radio         | <input type="checkbox"/> Information session |
| <input type="checkbox"/> Employer      | <input type="checkbox"/> Other student       |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Walk-in             |
| <input type="checkbox"/> Schedule      | <input type="checkbox"/> Workforce Solutions |
| <input type="checkbox"/> Postcard      | <input type="checkbox"/> Event               |
| <input type="checkbox"/> Website       | <input type="checkbox"/> Other               |

### Interest Information

Check the boxes next to your interest areas:

- |  |   |  |   |   |
|--|---|--|---|---|
| <input type="checkbox"/> Advanced course           | <input type="checkbox"/> Professional development workshops | <input type="checkbox"/> Recreation and fitness  | <input type="checkbox"/> Online technology            | <input type="checkbox"/> Online education     |
| <input type="checkbox"/> Computer technology       | <input type="checkbox"/> Healthcare                         | <input type="checkbox"/> Personal enrichment     | <input type="checkbox"/> Adult education and literacy | <input type="checkbox"/> Kids at College      |
| <input type="checkbox"/> Career/workforce training | <input type="checkbox"/> Small Business Development Center  | <input type="checkbox"/> Senior adult and travel | <input type="checkbox"/> Linked class                 | <input type="checkbox"/> Information sessions |

### Release Agreements and Student Signature

I grant Lee College permission to use/release any of the provided information, photographs, comments or directory information. I understand I will not be paid for any use of my images, videos, or comments now or in the future.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### For Office Use Only

Receipt Number	Date	Staff Initials	RD	CBM	FERPA
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