



Continuing Education Enrollment Form

Section A – Personal Data

1. Name: _____
 Last First MI

2. Social Security Number ____ - ____ - ____ 3. Student ID Number ____ - ____ - ____ 4. Gender Female Male

5. Date of Birth ____ - ____ - ____ (mm/dd/yyyy)

Section B – Ethnicity

This data is required for state and federal statistical reporting purposes only. There are certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, students are invited to voluntarily self identify their race or ethnicity. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations. When reported, data will be aggregated and will not identify any specific individual. This information is required but in no way will be used to evaluate your application.

1) Are you Hispanic or Latino? No, I am not Hispanic or Latino Yes, I am Hispanic or Latino, Explain:
 Central American Cuban Mexican American Mexican Chicano Puerto Rican South American Other - Hispanic

2) What is your race? Select one or more.
 American Indian/Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White No Response

6. Citizenship Status: Are you a US Citizen? Yes No Country of Citizenship _____

7. E-mail Address _____

Section C – Military

Military Status: _____ Are you a disabled veteran? Yes No Do you receive VA benefits? Yes No

Military Affiliations (Select one or more)
 Current/ former member of the U.S. Armed Forces Current/ former member of the National Guard Current/ former member of the Reserves
 Dependent of a veteran Dependent of a deceased veteran Dependent of a veteran with a combat- related injury

Section D – Address/Phone

Home Phone: ____ / ____ - ____ Home Address (Required – No PO Box or dormitory addresses) _____
 Street Address City State Zip Code

Business Phone: ____ / ____ - ____ ext. ____ Business Address _____
 Street Address City State Zip Code

Section E - Residency

1. Have you lived in the State of Texas for the last 12 months? Yes No If No, what is your previous state of residence? _____

2. In what School District do you currently reside?
 Houston (ID01) Alief (OD02) Katy (OD10) Spring Branch (OD17) Channelview (OD03) Galena Park (OD08)
 Pearland (OD16) Spring (OD18) Stafford (ID0S) Cypress-Fairbanks (OD05) North Forest (OD14) Aldine (OD01)
 Fort Bend (OD06) Pasadena (OD15) Indicate, if Other _____

3. In what county do you currently reside?
 Brazoria Fort Bend Galveston Harris Montgomery Waller Indicate, if Other _____

Section F – Additional Information - OPTIONAL

1. Number of persons living in household? one two three four five six seven eight nine ten+

2. Dependent on income tax of parent or guardian? Yes No

3. Household income for current year under \$9,000 \$9,001 to \$11,999 \$12,000 to \$14,999 \$15,000 to \$20,999 \$18,000 to \$20,999
 \$21,000 to \$23,999 \$24,000 to \$26,999 \$27,000 to \$29,999 \$30,000 to \$32,999 \$33,000 to \$39,999 over \$40,000

4. Do you have difficulty speaking or understanding English? Yes No

5. Are you a single parent (head of household) with separate or joint custody of a child 18 years old or younger? Yes No

6. Are you, or have you been a full-time homemaker (without pay) who needs training of assistance to enter the job market? Yes No

7. Are you eligible to receive AFDC (Aid to Families with Dependent Children benefits)? Yes No

Section G – Enrollment & Payment

Course	Class #	Days/Time	Start Date	Location	Amount

Payment Method Check (Make checks payable to HCCS) Cash Charge Card Total _____

Charge to my: Card Number ____ / ____ / ____ / ____ Exp Date ____ / ____ / ____

Visa MasterCard American Express **FOR OFFICE USE ONLY** Authorized Signature Billing Code _____

Section H – Signature

The information I have provided is complete and correct to the best of my knowledge. If my application is accepted, I agree to abide by the policies, rules and regulations at any school to which I am admitted. I authorize the College to verify the information I have provided. I further understand that the information submitted herein will be relied upon by the officials of the College in determining my admission and residency status for tuition purposes and that the submission of false information is grounds for rejection of my application, withdrawal of acceptance, cancellation of enrollment, and/or disciplinary action.

Applicant Signature _____ Date _____

Houston Community College System considers name, address, telephone, date of birth, degrees earned and dates, major field of study, dates of attendance, enrollment status, student classification and name of most recent previous institution attended, number of hours complete and in progress, directory information. This is done in compliance with the Texas Open Records Law. If you do not want this information released, please check this box.

With few exceptions, state law gives you the right to request, receive, review and correct information about yourself collected on this form.