



Continuing Education Enrollment Form

Section A – Personal Data

Name: _____
 Last First MI

Social Security Number _____ - _____ - _____ Student ID Number _____ Gender Female Male

Date of Birth ____ - ____ - ____ (mm/dd/yyyy) E-mail Address _____

Contact Phone: ____ / ____ - _____ Cell Phone: ____ / ____ - _____

Address _____
 Street Address City State Zip Code

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

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

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 - Residency

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

2. In what School District do you currently reside?
 Houston Alief Katy Spring Branch Channelview
 Pearland Spring Stafford Cypress-Fairbanks North Forest
 Fort Bend Pasadena Aldine Galena Park Indicate, if Other _____

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

Section E – Enrollment

Course Title	Class #	Days/Time	Start Date	Location	Amount

Section F – 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.