



Academy for Lifelong Learning (ALL)

REGISTRATION FORM

Academy for Lifelong Learning

Fax, mail, or deliver this form in person.

PLEASE PRINT

Date _____ Campus: LSC-CyFair LSC-North Harris LSC-Kingwood LSC-Tomball LSC-Montgomery LSC-UP

Year 20 _____ Term: Fall Spring Summer I am: Currently an ALL member ID# _____ New

Last name _____ First _____ Middle _____

Previous last name _____ E-mail address _____

Home phone _____ Cell phone _____ Work phone _____

Current address: Address change? Yes No

Street _____ Apt # _____

City _____ State _____ Zip _____ County _____

Mailing address (if different):

Street _____ Apt. # _____

City _____ State _____ Zip _____ County _____

Social Security* _____ - _____ - _____ Date of Birth ____ / ____ / ____ Gender: Male Female

*Social Security Number (SSN) is required if you are applying for financial aid but is not required for admission. Providing an SSN will, however, speed up the processing of your application since we will not need to manually match your application with other materials such as transcripts and test scores. Supplying an SSN also ensures that you will be able to claim the Hope Tax Credit if you are eligible on your federal tax return. Lone Star College uses the SSN for compliance with federal and state reporting requirements and has a strong commitment to ensuring the privacy and confidentiality of student records and will not disclose your SSN without your consent for any purpose except as allowed by law.

Registration #	Course Title	Class Location	Start Date	Course Fee

Emergency Contact Information:

Name _____ Relationship _____

Home Phone _____ Alternate Phone _____

- Other: I am interested in volunteering for ALL.
 I am interested in teaching a class for ALL.
 I agree to have ALL volunteers and staff contact me on my personal email or telephone.

Member Signature _____ Date _____

Tuition & Fees: _____
Method of Payment: _____
Entered by: _____
Date: _____
Code: _____

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Payment is due at the time of registration. Make checks payable to Lone Star College System.

Charge to my: AMEX Discover Master Card VISA Card Expiration Date _____ Transaction Date _____

Card # _____ Security Code _____ Name on Card _____

Billing address (including ZIP) _____

Signature _____