



Academy for Lifelong Learning (ALL) REGISTRATION FORM

Academy for Lifelong Learning

Fax, mail or deliver this form in person.

Date: _____ Campus: LSC-CyFair LSC-North Harris LSC-Kingwood LSC-Tomball LSC-Montgomery
 Year: 20 ____ Term: Fall Spring Summer I am: Currently an ALL member **ID#** _____ New
 Last Name: _____ First: _____ Middle: _____

Previous Last Name: _____ Preferred E-mail Address: _____

Current Address: _____ Address Change? Yes No

Street: _____ Apt. #: _____

County: _____ City: _____ State: _____ Zip _____

Mailing Address (if different)

Street: _____ City: _____ State: _____ Zip _____

County: _____ City: _____ State: _____ Zip _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

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

Registration #:	Course Title:	Class Location:	Start Date:	Course Fee:

Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone: _____ Alternate Phone: _____

Student Signature: _____ Date: _____

Total Fee: _____
 Method of Payment: _____
 Entered By: _____
 Date: _____
 Code: _____

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 (include zip): _____

For information on bacterial meningitis, please go to www.tdh.state.tx.us