



Continuing Education Registration Form

Fax, mail or deliver this form in person.
On-line Registration is available: <http://LoneStar.edu/class-search.htm>

Date	Residency	Tuition Assistance
____/____/20____ Term: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	I currently reside: <input type="checkbox"/> In the state of Texas <input type="checkbox"/> Not in the state of Texas State:_____ County:_____	<input type="checkbox"/> DARS <input type="checkbox"/> TPEG <input type="checkbox"/> Hazelwood Exempt <input type="checkbox"/> WIA <input type="checkbox"/> TAA

Student Registration Information

Last Name:	First Name:	Middle Name:	Student ID or Soc. Sec. No.*
Previous Last Name:	Date of Birth:	Phone No. Home:	Cell:
Address:		City:	State: Zip: Address Change? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address (if different)		City:	State: Zip:
Email Address:			

Emergency Contact Name:	Relationship:	Phone No:
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* Social Security Number is required if you are applying for financial aid but is not required for admission. Providing a Social Security Number (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 a 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 Social Security Number without your consent for any purpose except as allowed by law.

Demographic Questionnaire

Gender: <input type="checkbox"/> M <input type="checkbox"/> F	The following questions are used by the state to help provide support for our programs. Although not required, your cooperation is appreciated.		
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.	Race (Check all that apply) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	Additional Information <input type="checkbox"/> Academically disadvantaged <input type="checkbox"/> Limited English <input type="checkbox"/> Economically disadvantaged <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Disabled: <input type="checkbox"/> Single Parent Type of Disability _____	

How did you hear about us? <input type="checkbox"/> Received a schedule in the mail <input type="checkbox"/> Picked up a schedule from a business location Business _____ <input type="checkbox"/> LoneStar.edu <input type="checkbox"/> Other _____	What is your primary goal? <ul style="list-style-type: none"> • Personal Enrichment <ul style="list-style-type: none"> <input type="checkbox"/> Leisure Learning <input type="checkbox"/> Academy for Lifelong Learning (ALL) Member <input type="checkbox"/> Professional Development <input type="checkbox"/> Workforce Certificate, Which certificate? _____ <input type="checkbox"/> Other _____
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Course Selection

Class #	Course Title	Catalog #	Campus	Start Date	Course Fee
Ex: 55555	Introduction to Computers	CITSC 2100103	LSC-CyFair	09/02/10	\$180

Payment is due at the time of registration.
 Make all checks payable to **Lone Star College System.**
 Please read the refund policy in the schedule.

Total Fee
Method of Payment
Entered by
Date
TeleCheck Code
Receipt #

Student Signature:

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Charge to My: <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> Master Card <input type="checkbox"/> Visa	Card No:	Expiration Date:	CID number on front or back:
Name on Card:	Authorized Signature:	Billing Address:	