

FRANK PHILLIPS COLLEGE
CONTINUING EDUCATION REGISTRATION FORM

Year/Quarter _____

1. Name _____
First
M.I.
Last
Maiden/Other

2. Birth-date: ____/____/____
M M D D Y Y Y Y
3. Gender: M F

4. Social Security Number: ____ - ____ - ____ E-mail _____

5. Current Address: _____
Street No./Apt. No./Box No.

City
County
State
Zip

6. Home Phone Number: _____ Work Phone Number: _____

7. Emergency Contact Person & Phone Number: _____

8. Residency (Please circle one): Texas Resident Out-of-State Resident International Student

9. Do you authorize FPC to release your directory information? Yes No

Course Number (Office Use)	Course Name	Dates	Time	Fees

PAYMENT METHOD

Credit Card: VISA MC Credit Card # _____ Expiration Date: _____
 Name on card: _____ Signature: _____
 Check: # _____ Drivers License: # _____ State: _____

VOLUNTARY INFORMATION

Ethnic Origin: (Please check one)
 White Non Hispanic Hispanic Native American/Alaskan Native
 Black Non-Hispanic Asian/Pacific Islander International

Do you wish to receive information regarding services for students with disabilities? Yes No
 Are you a single parent who is separated/divorced/widowed & who has separate/joint custody for one or more minor children? Yes No
 Homemaker who has cared for the home and/or family without pay and as a result needs training to enter the job market? Yes No

REQUIRED FOR ENROLLMENT

I certify that the information given on this form is complete and correct.

Date _____ Signature _____

Frank Phillips College is an Equal Opportunity Community College. The college is committed to making additional accommodations for any student who provides adequate documentation verifying his/her disability and who has requested, in writing, specific services. Any student who anticipates a need for special accommodations should contact the Special Population Coordinator at 457-4200 x 769 or Student Services x 721.