Frank Phillips College
Perryton-Borger-Dalhart
Continuing Education Registration Form

Social Security Number ________________ Date of Birth (MM/DD/YY) ________________________
Name (last, first, middle initial) ________________________________
Current Address: ____________________________________________
City: ___________________ County ____________ State ____________ Zip ____________
Home Phone: (___) ____________ Business Phone: (___) ____________
Email Address: ______________________________
Gender: ☐ Male ☐ Female ☐ Resident Status: ☐ Texas Resident ☐ Out-of-State Resident ☐ Foreign Citizen

<table>
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<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Date</th>
<th>Time</th>
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Ethnic Origin: ☐ White ☐ American Indian or Alaskan Native ☐ Black ☐ Hispanic ☐ Other

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS COMPLETE AND CORRECT.

Date: ___________________ Signature: ______________________________________________________

Frank Phillips College is an Equal Opportunity Community College.