



# Course Registration Form for Continuing Education

*Registration will be accepted only if class space is available when this form is received. Payment is due at registration.*

Date: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
(Assigned by Kilgore College)

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*In order to help us protect your Social Security number, the college computer system will convert your SS# into your student ID# for your record.*

Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Mailing address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Gender: \_\_\_\_\_ Male Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_ Female

Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers and our own college/university communities, to describe the racial/ ethnic backgrounds of our students and employees. In order to respond to these requests, we ask you to answer the following two questions:

1. Are you Hispanic or Latino? (Are you a person of Cuban, Mexican, Puerto Rican, South or Central American, or Other Spanish culture or origin, regardless of race?)
2. Please select the racial or other category or categories with which you most closely identify. Check as many as apply:

\_\_\_\_\_ Yes  
\_\_\_\_\_ No

- \_\_\_\_\_ White
- \_\_\_\_\_ Black or African American
- \_\_\_\_\_ Asian
- \_\_\_\_\_ American Indian or Alaska Native
- \_\_\_\_\_ International or Non-Resident
- \_\_\_\_\_ Native Hawaiian or Other Pacific Islander

Fire Academy EMT Basic	EMSP 1001		\$518
Course Name	Course Number	Start Date	Tuition
Fire Academy EMT Clinical	EMSP 1060		\$350
Course Name	Course Number	Start Date	Tuition
INSURANCE - \$70		EQUIPMENT USAGE FEE - \$112	
			Total \$1,050

**\*Tuition is non-refundable after first class day.**