

Course Registration Form

Please choose which program you are applying for:

EMT

EDUCATION WORKS.	AEMT (only)Paramedic (includes AEMT)
Date:	Student ID#:
	Student ID#:(Assigned by Kilgore College)
SS#: In order to help us prote SS# into your student ID# for your record.	ect your Social Security number, the college computer system will convert your
Sponsoring Agency (if applicable):	
Name:(Last Name)	
(Last Name)	(First Name) (Middle Initial)
Mailing address:	County:
City:	State: Zip
Cell Phone: (Business phone: (
Email:	
Gender: Male	Date of Birth:/
Female	Birthplace: City, State
Colleges and universities are asked by many, including the fenewspapers and our own college/university communities, to In order to respond to these requests, we ask you to answer the	describe the racial/ ethnic backgrounds of our students and employees.
1. Are you Hispanic or Latino? (Are you a person of Cuba Mexican, Puerto Rican, South or Central American, or Other Spanish culture or origin, regardless of race?)	n, 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

Physical Location: Technical Vocational Building #25, 1103 Oak Drive, Kilgore - 903-983-7500

Mailing address: EMS Savannah Allbritton, 1100 Broadway, Kilgore, TX 75662

Kilgore College seeks to provide equal educational and employment opportunities without regard to race, color, religion, national origin, sex, age, disability, marital status, or veteran status.