

## **Course Registration Form**

Please choose which program you are applying for:

## EMT AEMT (only) Paramedic (includes AEMT)

Course Date:

Registration will be accepted only if class space is available when this form is received. Return this application to Savannah Allbritton or send to **KCEMS@kilgore.edu**.

Date:		Student ]	D#:		
			(Assigned by Kilgore College)		
SS#:					
In order to h	elp us protect your	Social Security number, the college computer sy	vstem will convert your SS# into your stud	dent ID# for your record.	
Sponsoring	Agency (if applied	cable):			
Name:					
	(Last Name)		(First Name)	(Middle Initial)	
Mailing add	dress:		County:		
City:		State:	Zip		
Cell Phone:	:	Email:			
Gender:	Male	Date of Birth:			
	Female	Birthplace: City:	State:		
Colleges an	nd universities are	asked by many, including the federal gove	rnment, accrediting associations, coll	lege 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?)

Y	e	s

No

2. Please select the racial or other category or categories with which you most closely identify. Check as many as apply:

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

## 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.