

## Course Registration Form

Please choose which program you are applying for:

EMT
AEMT (only)
Paramedic (includes AEMT)

Course Date:

Date:			Student ID#:(Assigned by Kilgore College)		
Sponsoring	Agency (if applic	cable):			
Name:(Last Name)				(First Name)	(Middle Initia
Mailing address:			County:		
City:		Stat	e:	Zip	
Cell Phone:		Email:			
Gender:	Male	Date of Birth:			
	Female	Birthplace: City:		State:	
newspapers In order to r 1. Are you Mexica	and our own coll espond to these r i Hispanic or Lat n, Puerto Rican,	asked by many, including the federa lege/university communities, to descr equests, we ask you to answer the fol- ino? (Are you a person of Cuban, South or Central American, or	ribe the racial/ llowing two quality 2. Plead cates	ethnic backgrounds of our uestions: se select the racial or other gories with which you most	students and employees
Other S	panish culture or	origin, regardless of race?)	Chec	ck as many as apply:	
Ye	5			American Indian or Alask	a Native
No				Asian	
				Black or African America	n
				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.

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