

REGISTRATION IN NON-CREDIT CONTINUING EDUCATION PROGRAM

The information requested on this form is needed to comply with state and federal government reporting requirements and does not effect your enrollment or your admission to Ranger College. Please complete all requested information on this form. Return or mail you completed form to the Ranger College location you will be attending. Complete mailing information below:

COLLEGE LOCATIONS - CHECK ONE

Ranger College - Eastland County
 1100 College Circle
 Ranger, TX 76470
 254-647-3234

Ranger College - Brown County
 300 Early Blvd.
 Early, TX 76802
 325-203-5011

Ranger College - Erath County
 1835 W. Lingleville Rd.
 Stephenville, TX 76401
 254-918-7232

CLASS INFORMATION

Course Title: EMT (Work Force)	Rubric:	Course No:	CIP Code:
Day(s) of the Week:	Class Time:	Start Date:	End Date:
Instructor Name:	Lecture Hours:	Lab Hours:	Total Contact Hours:

STUDENT INFORMATION

Social Security Number (all 9 digits)	DOB: Month Day Year	Gender: Male Female Other	Child < 18 at home Yes No	Veteran: Yes No
Last Name		First	Middle	
Street Address or PO Box		City	State	Zip Code County or Parish
Contact Info:	Cell Phone		Home or other phone	Email Address

NOTE: The information below this note is not required. Response to these questions will be used in a non-discriminatory manner consistent with applicable civil rights laws. Your records will remain confidential.

RANGER COLLEGE DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, GENDER, RELITION, AGE OR DISABILITY IN ADMISSIONS, EMPLOYMENTD, AND/OR PROGRAM POLICIES.

ETHNICITY

Black Non-Hispanic
 White
 Native American / Alaskan American
 Asian / Pacific Islander
 Hispanic

SPECIAL NEEDS

None
 Handicapped
 Disadvantaged
 Limited English Proficiency
 Single Parent/Homemaker
 Sex Bias Stereotype

I authorize DO NOT authorize the school officials of Ranger College to release information in regards to attendance, grades, etc. in this course as may be required by prospective employers, agencies under whose sponsorship I am attending this class, professional organizations and/or other.

I certify that the information provided by me in this document is true and correct. I understand that any false statements or omissions may be grounds for dismissal from or continued enrollment at Ranger College.

Applicant/Student Signature: _____ **Date:** _____

COMPANY VERIFICATION (if applicable)

Company Name	Employee Job Title	Full/Part Time	SOC Code	Hourly Wage	Hire Date
Name of Verifier		Verifier title		Date Verified	