PART 1 — STUDENT DEMOGRAPHIC INFORMATION

SOCIAL SECURITY NUMBER ____________________________ BIRTH DATE __________/________/__________

STUDENT’S NAME (Please Print)

Last Name __________________________________________ First Name __________________________ Middle Name __________________________

HOME ADDRESS ____________________________________________________________________________

CITY/STATE/ZIP __________________________________________ COUNTY __________________________

HOME PHONE NUMBER __________________________ WORK PHONE NUMBER __________________________

( )________—____________________ ( )________—__________________

E-mail Address: ____________________________________________

ETHNIC

 (1) White

 (2) Black or African American

 (3) Hispanic or Latino

 (4) Asian or Pacific Islander

 (5) American Indian or Alaska Native

 (6) Nonresident Alien

GENDER

 Male  Female

I would like to receive information on courses for relicensure or recertification.

The license or certificate I will be renewing is __________________________

REFUND POLICY: If a class is cancelled for insufficient enrollment, you will receive a 100% refund. If you drop a class 24 hours prior to the first scheduled class day, you will receive a 100% refund. Requests made before the second scheduled class will receive an 80% refund. Should you cancel after that time, no refund will be issued. Please allow 4 to 6 weeks for your refund to be processed.

Signature __________________________

PART 2 — FOR OFFICE USE ONLY

TODAY’S DATE __________/________/__________

QUARTER OF ENROLLMENT

 Q1 (Sept.-Nov.)  Q2 (Dec.-Feb.)  Q3 (March-May)  Q4 (June-Aug.)

COURSE INFORMATION

Number/Section __________ CIP ______ C

Course Title __________ Date __________ Time __________

____ CIP ______ C

Course Title __________ Date __________ Time __________

____ CIP ______ C

Course Title __________ Date __________ Time __________

PART 3 — FOR OFFICE USE ONLY

Date __________________________ Receipt Number __________________________ Check Number __________________________

Tuition __________________________ Payment Type __________________________

Books or Fees __________________________ Total Paid __________________________

Person(s) responsible for payment: __________________________

Paris Junior College gives equal consideration of all applicants for admission, without regard to race, color, religion, creed, national origin, sex, age, marital status, handicap or veteran status. Assistance is provided to students with limited English speaking abilities, or learning difficulties. For further information, contact the Advising and Counseling office at 903.782.0426.