



**Paris Junior College**  
**Enrollment Form**  
**Continuing Education**

To register by mail, complete this form and make check payable to Paris Junior College. Mail to:

**Paris Junior College**  
**2400 Clarksville Street**  
**Paris, Texas 75460-6298**

**Paris Junior College — Sulphur Springs Center**  
**P.O. Box 191 • 1202 West Houston**  
**Sulphur Springs, Texas 75482**

**Paris Junior College — Greenville Center**  
**6500 Monty Stratton Pkwy.**  
**Greenville, Texas 75401**

<b>PART 1 – STUDENT DEMOGRAPHIC INFORMATION</b>	
SOCIAL SECURITY NUMBER ____ - ____ - _____	BIRTH DATE ____/____/____
STUDENT'S NAME (Please Print)	
Last _____	First _____ Middle _____
HOME ADDRESS _____	
CITY/STATE/ZIP _____	COUNTY _____
HOME PHONE NUMBER ( ) _____ - _____	WORK PHONE NUMBER ( ) _____ - _____
E-mail Address: _____	
<b>ETHNIC</b> <input type="checkbox"/> (1) White <input type="checkbox"/> (2) Black <input type="checkbox"/> (3) Hispanic <input type="checkbox"/> (4) Asian or Pacific Islander <input type="checkbox"/> (5) American Indian <input type="checkbox"/> (6) Nonresident Alien	<b>DISABILITIES</b> <input type="checkbox"/> Physical Handicapped <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Economically Disadvantaged <input type="checkbox"/> Academically Disadvantaged <b>GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
I would like to receive information on courses for relicensure or recertification.	
The license or certificate I will be renewing is _____	
<b>REFUND POLICY:</b> 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 _____	

<b>PART 2 – FOR OFFICE USE ONLY</b>		
TODAY'S DATE ____/____/____	QUARTER OF ENROLLMENT <input type="checkbox"/> Q1 (Sept.-Nov.) <input type="checkbox"/> Q2 (Dec.-Feb.) <input type="checkbox"/> Q3 (March-May) <input type="checkbox"/> 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 _____
<b>PART 3 – FOR OFFICE USE ONLY</b>		
Date _____	Receipt Number _____	Check Number _____
Tuition _____	Payment Type _____	
Books or Fees _____	Total Paid _____	
Person(s) responsible for payment: _____ _____		
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