



REGISTRATION FORM

Processed by (initials) _____
Date _____

(Print or type all information)

Course Title _____

Course Number _____

Starting Date _____

End Date _____

Social Security Number _____

Name _____

Email _____

Address _____

Fax/Pgr/Cell () _____

City _____ Zip _____

Home Phone () _____

Employer _____

Work Phone () _____

Birthdate _____ Sex _____

Marital Status _____ Citizen _____

Ethnicity : ___1-White (Non-Hispanic) ___2-Black (Non-Hispanic) ___3-Hispanic ___4-Asian/Pacific Islander ___5-American
Indian/Alaskan Native ___6-Other

How did you hear about this Continuing Education Class/Program?

___ Word of Mouth ___ TV ___ Radio ___ Yellow Pages ___ Internet ___ Former Student
___ Newspaper (specify) _____ ___ Other (Specify) _____

Have you ever taken Continuing Education Courses at Palo Alto College before? ___ Yes ___ No
If so when, _____

You will be enrolled in this class unless otherwise notified. Receipts will not be mailed, but may be obtained prior to the start date of the class.

IF CHARGING, ACCOUNT NUMBER

VISA/Master Card

Expiration Date _____

Print Cardholder's Name _____

Student Name _____
(if different than cardholder)

Cardholder's Signature _____

There is a \$2.00 service fee for any payments made by major credit cards.

**Fax completed form to: Palo Alto Corporate & Community Education (210) 921-5328
Tuition payment must be made 3 days prior to class start date. Failure to do so may result in course cancellation and deletion from preliminary roll.**