

PID # \_\_\_\_\_

Course # \_\_\_\_\_ AM - PM

Date: \_\_\_\_\_ Location: \_\_\_\_\_



Office Use Only:

High School Graduate Y N
G.E.D. Graduate Y N
College Transfer Y N

SWTJC ID # \_\_\_\_\_ EMAIL: \_\_\_\_\_

Continuing Education Registration & Personal Data Form

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_

(Full Legal Name) Last First Middle Other Last Name(s)

Mailing Address PO Box# / Apt# Street City County State Zip Code

HOME PHONE (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ WORK PHONE (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

AGENCY / EMPLOYER INFORMATION : COMPANY NAME \_\_\_\_\_

Mailing Address PO Box# / Apt# Street City County State Zip Code

LIST BELOW ALL COLLEGES OR UNIVERSITIES IN WHICH YOU HAVE BEEN OFFICIALLY REGISTERED, REGARDLESS OF WHETHER CREDIT WAS EARNED OR NOT. INCLUDE DATES OF ATTENDANCE.

Table with 5 columns: NAME OF INSTITUTION, CITY, STATE, DATE ENROLLED (FROM MONTH / YEAR TO MONTH / YEAR), DEGREE EARNED

WHAT IS YOUR MAJOR FIELD OF STUDY? \_\_\_\_\_ SEX: (Circle One) (Male) or (Female)

ETHNIC BACKGROUND: (Check One)

- White (Non-Hispanic)
Black (Non-Hispanic)
Hispanic
American Indian
Asian / Pacific Islander
Non-Resident Alien / Foreign

MARITAL STATUS: (Check One)

- D- Divorced
M- Married
S- Single
T- Other
W- Widow / Widower

HANDICAP STATUS (Circle Code)

- 1. Academically Disadvantaged
2. Economically disadvantaged family or individual
3. Individual with disabilities
4. Limited English Proficiency
5. Displaced Homemaker
6. Single Parent

STATUS: - (Circle One) US CITIZEN - BY BIRTH NATURALIZED CITIZEN RESIDENT ALIEN FOREIGN STUDENT

OATH OF RESIDENCY

I understand the requirements for classification as a resident of Texas for tuition purposes and I affirm by my signature below that to the best of my knowledge and belief I am eligible to be so classified. I also affirm that I will notify the proper officials of this institution if circumstances change so as to disqualify me for this classification. I understand that violation of this oath of residency will result in disciplinary action.

ARE YOU A TEXAS RESIDENT? YES / NO DATE YOU BEGAN YOUR TEXAS RESIDENCY (Month \_\_\_\_ / Year \_\_\_\_)

IF YES, HOW LONG HAVE YOU LIVED IN TEXAS (Month \_\_\_\_ / Year \_\_\_\_)

HOW LONG HAVE YOU LIVED IN THE COUNTY IN WHICH YOU RESIDE? Month \_\_\_\_ / Year \_\_\_\_

DO YOU OR YOUR PARENTS (If you are a dependent) OWN PROPERTY IN VAL VERDE, EDWARDS, REAL, UVALDE, MAVERICK, ZAVALA, DIMMIT, LA SALLE, FRIO, OR MEDINA COUNTY? YES / NO IF YES, WHAT COUNTY? \_\_\_\_\_

I CERTIFY THAT THE INFORMATION GIVEN ON THIS APPLICATION IS COMPLETE AND CORRECT.

Student's Signature

Revised 05/10/2023

Academy In-Service Training

Date