



101 Baldwin Blvd.
Corpus Christi, Texas 78404-3897

Public Service Academy 2015

June 15-July 2, 2015



South Coastal AHEC
2222 Morgan #114
Corpus Christi, Texas 78405

Del Mar College does not discriminate on the basis of race, color, sex, age, national origin, religion, disability, or any other constitutionally impermissible reason.

Continuing Education Registration Form

FOR OFFICE USE
Date _____ Initials _____

Student Information

Name: _____ Email: _____
Last First Middle

Address: _____
Number/Street Apt# City State Zip County

Phone: _____ SS# _____
Home Cell Business

Gender: _____ Male _____ Female Birthdate: _____ Age: _____ Grade: _____

I certify that I have read and understand Important Facts about Bacterial Meningitis. _____ Yes _____ No
(Information may be obtained at <http://www.delmar.edu/admissions/meningitis.php>)

How did you hear about Del Mar? _____ Newspaper _____ Brochure _____ Email _____ Class Schedule _____ Direct Mail _____ Website _____ Channel 9/DMC-TV

Are you a resident of Texas? _____ Yes _____ No If no, what State? _____

Del Mar College will use the following data for federal and/or state law reporting purposes. Your completed responses are voluntary and the information will be used in a nondiscriminatory manner consistent with applicable civil rights laws.

Are you Hispanic or Latino? _____ Yes _____ No

Select the racial category or categories with which you most closely identify. Check as many as apply. _____ White _____ Black or African American _____ Asian
_____ American Indian or Alaskan Native _____ International _____ Unknown or Not Reported _____ Native Hawaiian or Other Pacific Islander

Are you a single parent? _____ Yes _____ No

Do you speak and understand English well? _____ Yes _____ No (Answer "No" if English is not your primary language or you consider yourself somewhat limited in the use of English.)

Are you a displaced homemaker? _____ Yes _____ No (You have worked without pay to care for the home and family and for that reason have few marketable skills and are experiencing difficulty in obtaining employment)

Course Information

Term	Course/Section	Title	Location	Start Date/ End Date	Times	Days	Fee
2015__	CK 256N 169__	Public Service Academy __	PS	6/15-7/2/2015	1-5pm	MTWTh	\$150

Method of Payment (payment must accompany form):
MasterCard Visa Check Cash AHEC Workforce

Card #: _____ Expiration Date: _____

Signature: _____

FAX to: (361) 888-7523 For More Information: (361) 881-8133

Processed by: _____ Date: _____

Refund Policy – Refunds may be made under these conditions:
1. A 100% refund will be made automatically if the College exercises its right to cancel a class or if a class is full at the time your registration is received. A class is canceled when there is insufficient enrollment.
2. A 100% refund will be honored if requested 24 business hours prior to class beginning.
In order to receive a refund under any conditions, you must sign an application for refund at the Business & Registration Services Office, Center for Economic Development Room 104. Refunds are made by check – not in cash. Credit will be issued to the Visa or MasterCard account if registration charges were paid by credit.

Guardian Contact Information

Guardian Name			
Address			
Phone Numbers	Home:	Work:	Cell:
Email			

Student

High School								
T- Shirt Size (circle)	Small	Medium	Large	X-Large	XX-Large			
Career Interest (Circle)	Firefighter	Paramedic	Police Officer	Fire Inspector	FBI	Nurse	DEA	Doctor
	Criminal Justice	EMT-Basic	Sherriff Department	Game Warden	Other:			



Los Mesteños
Career Academy



Please arrive by 1:00pm and departure is at 5:00pm