



# Workforce & Continuing Education Registration Form

Victoria College Emerging Technology Complex  
Conference & Education Center  
7403 Lone Tree Road, Victoria, TX 77905  
Phone: (361) 582-2528  
Fax: (361) 582-2574  
AskCE@VictoriaCollege.edu

Fax, mail, or deliver this form in person. Payment is due at time of registration.

Course Title: \_\_\_\_\_

Date of Classes: \_\_\_\_\_ CRN: \_\_\_\_\_

Last Name First MI Social Security Number Date of Birth Sex County of Residence

Mailing Address City State Zip Code

Home Phone # Work Phone # Employer

Email Address  Yes, I would like to receive information on upcoming classes and workshops.

If a High School Graduate: Year Graduated: \_\_\_\_\_ High School Attended: \_\_\_\_\_

**Demographic Information:** These questions are used by the state to help provide support for VC programs. Not required, but cooperation is appreciated.

**1. Please indicate your ethnic origin: (Check one)**

African American \_\_\_\_\_ Alaskan Native/American Indian \_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_ Hispanic \_\_\_\_\_  
White \_\_\_\_\_ Non-Resident Alien \_\_\_\_\_ Other (Indicate) \_\_\_\_\_

**2. Highest level of Education: (Check one)**

Not a high school graduate \_\_\_\_\_ GED \_\_\_\_\_ High School Graduate \_\_\_\_\_ Some College, but no degree \_\_\_\_\_  
State-Approved Certificate \_\_\_\_\_ Associate Degree \_\_\_\_\_ Bachelor's Degree \_\_\_\_\_ Graduate Degree(s) \_\_\_\_\_

**3. Marital Status: (Check one)** Single (Never Married) \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_

**4. Are you currently receiving financial assistance?** Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, what type:** \_\_\_\_\_

**5. Are you currently reported as a dependent for income tax purposes by a parent or guardian?** Yes \_\_\_\_\_ No \_\_\_\_\_

**6. Indicate the number of family members, including yourself and others, whom your parents or you/your spouse support: (Check one)**

\_\_\_1 \_\_\_2 \_\_\_3 \_\_\_4 \_\_\_5 \_\_\_6 \_\_\_7 \_\_\_8 \_\_\_9 \_\_\_10 \_\_\_11 \_\_\_12

**7. Please indicate your household income level: (Check one)**

\_\_\_ Less than \$20,000 \_\_\_ \$20,000 to \$39,999 \_\_\_ \$40,000 to \$59,999 \_\_\_ \$60,000 to \$79,999 \_\_\_ \$80,000 and greater

**8. Do you have difficulty speaking, reading, or writing English because it is not your native language?** Yes \_\_\_\_\_ No \_\_\_\_\_

**9. Have you devoted yourself to making a home, been left alone because of death, separation/divorce, or an absent spouse and find it necessary to obtain marketable skills?** Yes \_\_\_\_\_ No \_\_\_\_\_

**10. Are you a single parent (divorced, legally separated, widowed, or never married with sole or joint custody of a minor child/children) or a single pregnant female?** Yes \_\_\_\_\_ No \_\_\_\_\_

**11. Please indicate the HIGHEST LEVEL of education attained by: (Check one in each column)**

Eight grade education or less	Mother	Father	Associate Degree	Mother	Father
Some high school but did not graduate	_____	_____	Bachelor's Degree	_____	_____
A high school graduate/GED	_____	_____	Master's/Ph.D.	_____	_____
Some college but no degree	_____	_____			

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Charge My: <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa	Amount:	Card No:	Expiration Date:	CID No. on front or back:
Name on Card:		Authorized Signature:	Billing Address:	

Please Note: A hold will be placed on the records of any student who is delinquent in their financial obligations to the College. Future registrations and transcript requests will be denied until all obligations have been met.