









PRINT, COMPLETE and RETURN in person, by mail or by fax to:

Del Mar College Center for Economic Development  
Business and Registration Services Office  
3209 South Staples Street, Corpus Christi, TX 78411  
Phone: 361-698-1328 Fax: 361-698-1513

**CONTINUING EDUCATION REGISTRATION FORM  
HIGH SCHOOL**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current High School: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Please circle Male Female

Primary Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

TSDSID Number (10-digit Texas Student Data System number) *Provided by High School* \_\_\_\_\_

How did you hear about Del Mar College Continuing Education courses?  Newspaper  Brochure  Email  Class Schedule  Direct Mail  Website  DMC-TV  Other

***\*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 with which you most closely identify (check as many as apply):  White  Black or African American  Asian  American Indian or Alaskan Native  International  Unknown  Native Hawaiian or Other Pacific Islander
- Are you a single parent?  Yes  No
- Do you speak and understand English well? Answer "No" if English is not your primary language or you consider yourself somewhat limited in the use of English.  Yes  No
- Are you a displaced homemaker? Example: 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.  Yes  No
- Are you a resident of Texas?  Yes  No If no, what state? \_\_\_\_\_

**Please enter your selected Continuing Education course information below.**

Course Title	Class Date(s)	Class Time(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby give consent for my son/daughter, to participate in the Del Mar College Continuing Education course(s) listed above.

\_\_\_\_\_  
Parent/Guardian Signature                      Parent/Guardian Name (Please print)                      Date

**For Office Use Only.** Processed By: \_\_\_\_\_ Date: \_\_\_\_\_

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