

Leisure Learning Registration Form

Date		Residency		Contact Information	
___/___/2018		I currently reside: <input type="radio"/> Texas County: _____ <input type="radio"/> Not Texas/County: _____		Primary Phone: Secondary Phone:	
Student Registration Information					
Please use your name as it appears on your Driver's License/Social Security Card					
Last Name:		First Name:		Middle Name:	
Previous Last Name:			Email:		
Address:					
City:		State:		Zip:	
Mailing Address (if different):					
Social Security Number: _____		Date of Birth: ___/___/___		Gender: <input type="radio"/> Male <input type="radio"/> Female	
Emergency Contact					
Name:		Relationship:		Phone #:	
Demographic Information					
The Following questions are used by the state to help provide support for our programs. Although not required, your cooperation is appreciated.					
How did you hear about us: <input type="radio"/> Newspaper Ad <input type="radio"/> Walk-in/Called <input type="radio"/> News Article <input type="radio"/> www.Blinn.edu <input type="radio"/> Facebook/Twitter <input type="radio"/> Word-of-mouth <input type="radio"/> My company referred me <input type="radio"/> Referred by unemployment office		Race <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Asian <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Black/ African American <input type="radio"/> Native Hawaiian/ Pacific Islander <input type="radio"/> White		Additional Information <input type="radio"/> Academically disadvantaged <input type="radio"/> Economically disadvantaged <input type="radio"/> Limited English <input type="radio"/> Displaced Homemaker <input type="radio"/> Single Parent <input type="radio"/> Disabled Type of Disability: _____	
What is your primary goal? <input type="radio"/> Workforce Certificate Which Program? _____ <input type="radio"/> Personal Enrichment <input type="radio"/> Professional Development <input type="radio"/> Other					
Course Selection					
Course Title		CRN (Course Registration #)	Campus	Start Date / Time	Tuition
Ex. Nurse Aide for Healthcare Orgs		12002	Hodde	1/1/15 5pm-9pm	\$480
Payment is due at time of registration. Please read the refund policy on back before registration.					
Student Signature:					
Date:					
OFFICE USE ONLY:		<i>Staff Accepting Payment:</i>			
Method of Payment:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit	<input type="checkbox"/> Scholarship	
		Check #	Visa / MC / Disc /Amex	Amount:	
	Amount:	Amount:	Amount:	Name:	



Registration and Refund Policies & Procedures

Register in person via the site closest to you:

A.W. Hodde, Jr., Technical Education Center
2910 S. Blue Bell Rd
Brenham, TX 77833
979-830-4443

Bryan "Post Office" Campus
301 Post Office Street
Bryan, TX 77805
979-209-7205

REGISTRATION AND PAYMENT

Payment is required at the time of registration. Registration without payment does not hold a student's spot in class.

COURSE CANCELLATION

In the event a course is cancelled by Workforce Education, a full refund will be given to the student. Students will be notified of course cancellation three (3) business days before the start date.

REFUND POLICY

To receive a full refund, the student must notify the division of workforce education forty eight (48) business hours (or 2 business days) before the course start date. Other withdrawals will result in prorated refunds per the following:

For classes which meet less than four (4) times:

- a 50% refund will be given with less than 48 business hours cancellation
- no refund will be given after the first class

For classes which meet four (4) to eight (8) times:

- an 80% refund will be given before the second class day
- no refund will be given after the second class

For classes which meet more than eight (8) times:

- an 80% refund will be given before the second class
- a 50% refund will be given before the third class
- no refund will be available after the third class

Refunds require a minimum of six (6) weeks to process. Students will not receive a refund immediately.

Signature: _____

Date: _____