



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 S. Staples St., 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: _____

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 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: _____