



# Registration Form

Deliver Registration Form in person, email, or by mail to:  
 Job Training and Workforce Partnerships  
 2112 Mayfield Parkway, Cleburne TX 76033  
 Telephone: 817-760-5820  
 Email: [jtwpinfo@hillcollege.edu](mailto:jtwpinfo@hillcollege.edu)

Please print clearly on the top line.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Last Name First Name Middle Initial Social Security / Hill College Student ID #

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Home /Cell Phone # /Business Phone # County of Residence

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date of Birth Gender:  Female  Male Email

\_\_\_\_\_  
 Mailing Address City State Zip

\_\_\_\_\_  
 Emergency Contact Name Relationship Phone Number

\_\_\_\_\_  
 Company Name (for Company Contract/Grant Classes) Address City, State, Zip

**DEMOGRAPHIC DATA: Used by the State of Texas to help provide support for our programs. Your cooperation is appreciated.**

ETHNICITY	ADDITIONAL INFORMATION	RESIDENCE STATUS DECLARATION
<i>Please select the racial category with which you most closely identify:</i>		
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Academically Disadvantaged	<input type="checkbox"/> Texas Resident/In-District*
<input type="checkbox"/> Asian	<input type="checkbox"/> Economically Disadvantaged	<input type="checkbox"/> Texas Resident/Out-of-District
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Limited English	<input type="checkbox"/> Out of State (Less than 12 Months in Texas)
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Single Parent	<input type="checkbox"/> Out of Nation (Not a US Citizen)
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Displaced Homemaker	
<input type="checkbox"/> White	<input type="checkbox"/> Disabled	
<input type="checkbox"/> Multiracial		

*\*Abbott, Alvarado, Bynum, Cleburne, Godley, Grandview, Hillsboro, Itasca, Joshua, Keene, Rio Vista, Venus or Whitney school district are considered In-District.*

**REGISTRATION**

Persons registering for certificate programs must register into all classes in that program prior to the first class day.

Name of Course	Start Date	Course Prefix	Course #	Campus	Tuition	Office Use	
<i>Intro to Gas Metal Arc Welding</i>	<i>01/20/2015</i>	<i>WLDG</i>	<i>1030</i>	<i>Cleburne</i>	<i>228.00</i>	<i>Section</i>	<i>Term Code</i>
<b>Total Tuition and Fees</b>							

If paying by credit card, please contact the Hill College Business Office at (254)659-7707 or (817)760-5707.

**REFUND INFORMATION**

- 100% Refund**
- A 100% refund is to be made for courses/programs cancelled by the college.
  - A 100% refund is to be made for courses when the Course Drop Form is received two or more business days prior to the first class day.
  - A 100% refund is to be made for programs with multiple course enrollments if the Course Drop Form is received two or more business days prior to the first class day of the first class. After the start of the first class, no refund on the first class and 75 percent refund on remaining courses.
- How to Withdraw**
- Students must withdraw by completing a Drop Form.
  - Return the Course Drop Form to Student Information Services on the Hill County or Johnson County Campus.

**Family Education Rights and Privacy Act of 1974:** The following statement concerning student records maintained by Hill College is published in compliance with the Family Education Rights and Privacy Act of 1974. The release of information to the public without the consent of the student will be limited to that designated as directory information. Directory information includes name, address, telephone number, date and place of birth, major field of study, participation in activities, dates of attendance, degrees, certificates and awards and name of most previous educational institution attended. Any student objecting to the release of all or any portion of such information must notify Student Information Services in writing and the restriction will remain in effect until revoked by the student.

I certify that the information I provided on this form is accurate and complete and acknowledge that payment is due upon registration.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Job Training and Workforce Partnerships Verification:**

- JTWP Admission File  Course(s) Ready for Registration  Linked Class Referral Form Received  
 TPEG referral form to SIS  Senior Discount Notification to SIS

Complete  
 JTWP Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Enrollment Management Processing:**

- Registration Processed  Tuition Statement Printed  Charges Match Schedule Total  Senior Discount Awarded  TPEG Funds Awarded

SIS Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_