

Promoting Access and Equity in Higher Education!

**2016-2017 CORE COLLEGE  
 REGISTRATION FORM**
**Personal Information:**

<input type="radio"/> Male <input type="radio"/> Female	Date of Birth / /		
Student Name – Last:		First:	Middle:
Mailing Address:			
City:		State:	Zip:
Home Phone (include area code):		Cell Phone (include area code):	
Email Address:		Returning Student:	Yes: <input type="radio"/> No: <input type="radio"/>

**Are you Hispanic, Latina or Latino?**

- 
- No, not Hispanic, Latina or Latino
- 
- Hispanic, Latina or Latino

**Select one or more of the following racial categories to describe yourself:**

- 
- American Indian or Alaska Native
- 
- Asian
- 
- White
- 
- 
- Black or African American
- 
- Native Hawaiian or Other Pacific Islander

Please list any special needs: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

Relationship \_\_\_\_\_ Emergency Contact Phone ( ) \_\_\_\_\_

**High School Information:**

High School:	City/State:	Zip:
High School Counselor:	Current Grade:	

**Parent/Guardian Information:**

Parent/Guardian Name:	<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms.
Parent/Guardian Home Phone (include area code):	Parent/Guardian Cell Phone (include area code):
Parent/Guardian Email Address:	

**Compliance Statement:**

During my enrollment in the Core College Program, I agree to comply and adhere to the rules and regulations of Core Elements Higher Education Resource Center. I also acknowledge failure to do so may result in my dismissal from the program. I certify, to the best of my knowledge, all statements I have made on this registration form are complete and true.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*The completed form may be faxed, emailed, or mailed to our office (please see contact information above).*