

Course Title _____	Course ID _____
Starting Date _____	Ending Date _____ Cost _____
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Name _____

Address _____ Phone () _____

City _____ State _____ Zip _____

Citizen _____ State _____ Country _____ Birthdate _____

Residency Issues

What state do you claim as your legal residence? _____

How long have you continuously resided in Texas? Years _____ Months _____

Student's Signature _____ **Date** _____

You are enrolled in this class unless otherwise notified.

INCOMPLETE FORMS WILL NOT BE PROCESSED.

CIRCLE ALL THAT APPLY		
SEX	MARITAL STATUS	ETHNICITY
F - Female	S - Single	1 - White (Non-Hispanic)
M - Male	M - Married	2 - Black (Non-Hispanic)
	D - Divorced	3 - Hispanic
	W - Widow/er	4 - Asian/Pacific Islander
		5 - American Indian/ Alaskan Native

Mail-In
 Complete the registration form and send it to:

KLRN
Attn: Elisa Resendiz
501 Broadway
San Antonio, TX 78215

Fax-In
 Fax the completed registration form to
(210) 270-9078.