HARRIS TRAINING INSTITUTE

REGISTRATION FORM

Please fill out this form carefully and completely. This information is for your Permanent Student Record and will be handled in a confidential manner.

Name: (circle one)
Mr., Mrs., Miss _____
Last First Middle
Birth Date: _____ Gender: _____ Best contact telephone #_____

Permanent Address_____
No. and Street City Zip

Email Address: _____

Emergency contact telephone # _____ Emergency contact _____

Health conditions that may affect your participation in the program (pregnancy, illness etc.)
_____

Traditions or cultural beliefs that may affect your participation in the program _____
_____

Highest Level of Education _____ Educational Goals _____

Course Title	M	T	W	Th	F	Sa	Su	Start Date	End Date	Cost

Registration Date: _____ Staff Signature_____

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For Office Use Only

Check# _____ Bank _____

Credit Card # _____ Cardholders Name _____

Exp. Date: _____ (MM/YY) Type: _____ Credit Card Security #_____

Cash/ Money Order Receipt# _____

Tuition Installment Plan: #1: Date _____ Amount $ _____ Employee initials _____

#2: Date _____ Amount $ _____ Employee initials _____

#3: Date _____ Amount $ _____ Employee initials _____