

Name (Last) First Middle Initial)

CHECK ONE:
1. Do you consider yourself to be Hispanic/Latino?
 Yes No
2. In addition, please select one or more of the following racial categories to describe yourself:
 American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Pacific Islander
 White

Mailing Address City State
Zip Student ID # or SS# Date of Birth Sex: Home Phone
Business/Cell Phone E-Mail Address

This is to certify that I AM AM NOT a legal resident of the College of the Mainland District. To be a legal resident of College of the Mainland District, you must reside in one of the following school districts: Hitchcock, Santa Fe, (including Algoa, Arcadia, Alta Loma), Texas City, La Marque and Dickinson.
Signature _____ Date _____

	Course #	Course Name	Instructor	Date	Cost	CEQ
<input type="checkbox"/>	SAFE-5017-OSHT-1071-101CL	OSHA Recordkeeping	C. Lewis	1/13/17	No-Cost	217
<input type="checkbox"/>	SAFE-5018-OSHT-1071-102CL	ANSI Z490-Criteria For Accepted Practices in Safety, Health and Environmental	G. Smith	1/27/17	No-Cost	217
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	Revised 11.2014		Print Form	Reset Form		