

Office Use Only					
LEP	P1	P3	P1/2	P1/4	VSST
LAC	P2	P4	P1/3	LC	<input type="radio"/>

**LEARNING ASSISTANCE CENTER REGISTRATION FORM**

This is confidential information and will be kept in a student folder contained in the Student Support Services office. HCC offers free group tutoring to **all** credit students, however, this information is used to determine how the college will pay for your tutoring services and whether you can receive more extensive services( i.e. individual tutoring) offered by Student Support Services or Vocational Support programs.

**Please print and fill out this form completely (this side only). Delays may result if not filled out completely.**

NAME : \_\_\_\_\_  
 ADDRESS (STREET): \_\_\_\_\_ Apt/Condo# \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_  
 ID NUMBER: - - - - - E-MAIL ADDRESS: \_\_\_\_\_  
 PHONE #: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender (circle one): Male Female

Is English your first language? Yes \_\_\_\_\_ No \_\_\_\_\_ My first language is \_\_\_\_\_  
 Are you a U.S. citizen or a \*Permanent Legal Resident? Yes \_\_\_ No \_\_\_  
 \*If you are a Permanent Legal Resident, please provide Alien Reg. No. \_\_\_\_\_  
 Country of Nationality: \_\_\_\_\_  
 Ethnic/Racial background (Check the appropriate box)  
 \_\_\_\_\_ Am. Indian/Alaskan Native \_\_\_\_\_ Black/African-American  
 \_\_\_\_\_ Asian/Pacific Isle \_\_\_\_\_ White  
 \_\_\_\_\_ Hispanic \_\_\_\_\_ Other (Specify) \_\_\_\_\_

What is your college major/program of study at HCC? \_\_\_\_\_  
 Do you plan to transfer? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, to where \_\_\_\_\_

Do you have any disabilities? (i.e. learning, physical, emotional/psychiatric)  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify type: \_\_\_\_\_  
 If yes, are they documented? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Are you a veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you apply for financial aid to attend HCC? Yes \_\_\_\_\_ No \_\_\_\_\_ If you **did not apply**, was it because you (or your parents): needed **assistance** with the process \_\_\_\_, missed the **deadline date** \_\_\_\_ or would not qualify because of **income level** \_\_\_\_? (check all that apply)

Did you receive any financial aid from HCC to attend college? Yes \_\_\_\_\_ No \_\_\_\_\_  
 \_\_\_ Basic Grant (Pell, SEOG) \_\_\_ HCC or other scholarship \_\_\_ Other grants/loans (check all that apply)

Do you receive financial assistance from any of the following agencies? (check all that apply)  
 \_\_\_ AFDC/Social Services \_\_\_\_\_ Rehabilitative Services  
 \_\_\_ Social Security (including tuition waivers) \_\_\_\_\_ Veterans Disability

Are you a dependent (under 25 w/o children) or independent student (over 25)? (circle one)

Did you reside with **both of your parents, your mother or your father** after the age of 14? (circle one)

What is the highest education level (1-less than high school; 2-high school diploma; 3- Associate degree-2 yrs; 4- Bachelors degree-4 years) completed by Mother \_\_\_\_\_ Father \_\_\_\_\_?

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

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_____	_____
_____	_____
_____	_____

**To be completed by applicant ONLY if requested for program eligibility.**

I, \_\_\_\_\_, hereby certify that the information stated on this application is true and correct to the best of my knowledge. I give my permission to authorize the release of information concerning program eligibility, financial aid award, academic progress (mid-term and final grades), need for services, transcripts, etc. I further understand that this information will be used for federal reporting purposes as required by program regulations.

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Student Support Services

Program \_\_\_\_\_

Additional notes:

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Director's Signature/Date

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