Harris County Constable Pct. 5

Course Registration

**Complete one course registration form for each student and each class.**

**Student Information:**

|  |  |  |
| --- | --- | --- |
| **TCOLE PID#:** | **Last Name:** | **First Name:** |
| **Date of Birth:** | **Email:** | **Phone:** |
| **Agency:**  | **Rank:**  | **Driver’s License # / State:** /       |
| **Supervisors Name:** | **Supervisor Email:** | **Supervisor Phone:** |

**ADA accommodations requested:**

**Wheelchair Access Required:** **[ ]  Yes** **[ ]  No**

***Please enroll me in the following class.***

**Course:**

**TCOLE Course #:**

**Start Date:**  **Start Time:**

**End Date:**

**Classes have a limited number of slots available. You are not registered for the requested course until you receive an email confirmation that you are scheduled for the course.**

**Please email your completed application to:**

**C5Training@hctx.net**

**If you need additional information call: 832-927-6776**