

# BARTON COMMUNITY COLLEGE

**Term:**     Fall 20 \_\_\_\_  
 Spring 20 \_\_\_\_  
 Summer 20 \_\_\_\_  
CYCLE NO: \_\_\_\_

Fort Riley ONLY:     Civilian             Military  
 DOD     VET  
 Family Member

## PERSONAL INFORMATION:

Social Security Number/College ID \_\_\_\_\_ Date of Birth \_\_\_\_\_

Legal Name \_\_\_\_\_  

Last Name
First Name
MI
Maiden or other names

Legal Address \_\_\_\_\_  

Number and Street
City
County
State and Zip Code

Home Phone \_\_\_\_\_ Email Address: \_\_\_\_\_ Gender:     Male     Female

Are you Hispanic or Latino?     Yes     No      Race: (can chose more than one)     American Indian or Alaska Native     Asian  
 Black or African American     Hispanic or Latino     Native Hawaiian or Other Pacific Islanders     White

Are you a U.S. Citizen\*:     Yes     No    If no, what is your status? \_\_\_\_\_ Alien Registration Number: \_\_\_\_\_

\*Citizenship is used to determine tuition rate. Students must provide alien registration card or refer to "Non U.S. Citizens" procedure in the Kansas residency statement and request an affidavit if applicable.

Are you a Kansas resident:     Yes     No    (See back for Kansas Residency requirements)

Date **Kansas** residence began \_\_\_\_\_ Date **County** residence began \_\_\_\_\_

**High School Information** - I am or will be a:     High School Graduate     GED Graduate     Home School Graduate

GED Certificate Date: \_\_\_\_\_ High School/Home School Graduation Date: \_\_\_\_\_ Year \_\_\_\_\_

High School/Home School/GED Center Name: \_\_\_\_\_  

Name
City
State
Zip

I am seeking a degree/certificate from Barton Community College?     Yes     No

If yes, what is your program of study \_\_\_\_\_ (Complete Program of Study list on Barton's website. www.bartonccc.edu)

### LIST ALL COLLEGES ATTENDED

School Name	City & State	Degree/Hours Earned
_____	_____	_____
_____	_____	_____

## REGISTRATION FOR COURSES

Course Ref. Number	Course Title	Instructor	Day of Week	Hours of Credit
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*MUST BE SIGNED BY ADULT THEALTH CARE COORDINATOR or DESIGNEE\**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature for Enrollment and Residence Certification

## HIGH SCHOOL AUTHORIZATION

I hereby certify that the above named student is enrolled as at least a Sophomore at \_\_\_\_\_ High School and is recommended for enrollment in college courses as authorized by the 1993 Substitute for House Bill 2011 and the Cooperative Agreement between USD # \_\_\_\_\_ and Barton Community College.

Signature, High School Official \_\_\_\_\_ Date \_\_\_\_\_  
**\*\*Student's enrollment will not be processed without signature of a high school official\*\***

### OFFICE USE ONLY

Payment Method \_\_\_\_\_ Tuition/Fees \_\_\_\_\_ Workshop Fees \_\_\_\_\_ Textbook \_\_\_\_\_

Credit Card Type \_\_\_\_\_ Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Third Party Info \_\_\_\_\_ Total Amount \_\_\_\_\_

SS#

Name