BARTON COMMUNITY COLLEGE

Term: □ Fall 20□
□ Summer 20□

Cycle No: □ 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 Country 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.bartoncc.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

Advisors Signature __________________ Date __________________

* MUST BE SIGNED BY ADULT HEALTH 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 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 **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

REV. 01/22/14