

# BARTON COMMUNITY COLLEGE

GREAT BEND, KS 67530 (620) 792-2701 OR 800-748-7594 - FORT RILEY CAMPUS (877) 620-6606

Semester:  Fall 20 \_\_\_\_  
 Spring 20 \_\_\_\_  
 Summer 20 \_\_\_\_

Fort Riley ONLY:  Military  
 Family Member  
 Civilian

CYCLE NO: \_\_\_\_\_

## 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 \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Area Code and Number Optional Area Code and Number

Email Address: \_\_\_\_\_ Sex:  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, please provide 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

High School/Home School/GED Center Name: \_\_\_\_\_  
Name City State Zip

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

**Program of Study** (codes listed on back) \_\_\_\_\_ (Code required for students seeking a degree from Barton only)

### 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 County Community College.

Signature, High School Principal \_\_\_\_\_ Date \_\_\_\_\_  
**\*\*Student's enrollment will not be processed without signature of principal.\*\***

### OFFICE USE ONLY

Payment Method _____	Tuition/Fees _____	Workshop Fees _____	Textbook _____
Credit Card Type _____	Credit Card # _____	Exp. Date _____	_____
Third Party Info _____	Total Amount _____		

SS#

Name