GREAT PLAINS
Technology Center

ADULT STUDENT INFORMATION and CONSENT FORM

Completion of this form is essential to finalize your enrollment. Please read all the material in the student handbook. Fill in the appropriate blanks, sign, and return this form to your instructor. The requested information will assist us with the Oklahoma Adult Program Enrollment Form and is required for the Integrated Postsecondary Education Data System, IPEDS, which is mandatory for our reimbursement and for Federal reporting. This allows us to offer you reasonable tuition rates due to reimbursement received from the State of Oklahoma.

Program Enrolled In _____ **Instructor** _____

❒ Half-time if half time check which session ❒ AM ❒ PM or ❒Full-time ❒ 1st year or ❒ 2nd year

STUDENT INFORMATION (PLEASE PRINT)

Name: _____ SSN (optional) _____
Last First Middle

Date of Birth: _____ Age:_____ Gender: ❑ Male ❑ Female

Home Address_____ Home Phone: _____

City_____ State_____ Zip_____ Cell Phone: _____

Employer Name: _____ Work Phone: _____

1) In an emergency notify: _____ Phone: _____

2) In an emergency notify: _____ Phone: _____

E-Mail Address: _____

ETHNICITY / RACE

❑ 00 American Indian or Alaskan Native	❑ 02 Hispanic	❑ 04 Asian/Pacific Islander
❑ 01 African American	❑ 03 Caucasian	

EDUCATION LEVELS (PLEASE FILL IN YEAR COMPLETED)

❑ 30 Less than a high school degree	❑ 33 Technical Diploma Year _____	❑ 36 Masters Degree Year _____
❑ 31 High School Graduate Yr _____	❑ 34 Associate Degree Year _____	❑ 37 Doctorate Degree Year _____
❑ 32 Some College, No Degree	❑ 35 Bachelor Degree Year _____	❑ 38 GED Year _____

SCHOOL DISTRICT OF RESIDENCE

❑ LA Lawton Public Schools	❑ FL Fletcher Public Schools	❑ DAVN Davidson Public Schools
❑ BP Randlett Public Schools	❑ GE Geronimo Public Schools	❑ SNYD Snyder Public Schools
❑ CA Cache Public Schools	❑ IN Indiahoma Public Schools	❑ TIPT Tipton Public Schools
❑ CH Chattanooga Public Schools	❑ ST Sterling Public Schools	❑ OTHER School District Not Listed
❑ EL Elgin Public Schools	❑ FRED Frederick Public Schools	

FUNDING SOURCE (PLEASE CHECK ALL THAT APPLY)

❑ B OTAG	❑ K Next Step Scholarship	❑ S Kiowa Tribe
❑ C Military Tuition Assistance	❑ L Superintendent Scholarship	❑ T Apache Tribe
❑ E Social Security	❑ M Great Plains Foundation	❑ U Other Tribal Funding
❑ F ASCOG – Work Force Oklahoma	❑ N OK Promise	❑ V VA 30
❑ G TAA Training	❑ O Other	❑ W VA 31
❑ H OK Dept. of Rehab	❑ P Employee Waiver	❑ X VA 35
❑ I Pell Eligible	❑ Q Comanche Tribe	❑ Y VA 1660
❑ J Federal SEOG	❑ R Wichita Tribe	❑ Z LINC

DISABILITY STATUS

Do you have a disability which requires reasonable accommodations to perform the essential skills of the program? ❒ No ❒ Yes

If yes, it is your responsibility to provide documentation and notify your instructor and/or the Special Needs Coordinator (Building 200).

PERMISSION FOR EMERGENCY MEDICAL CARE – I give permission for Great Plains Technology Center to administer necessary first aid in the event of an emergency. Should an injury or illness occur, I want GPTC to seek help for me at the hospital or clinic of my choice, I understand that I will assume all financial responsibility for that treatment. Student accident insurance is available through the instructor or the Student Office in Bldg 100 room 111. *Indicate here hospital you prefer to be taken to:* _____.

STUDENT HANDBOOK – I have attended an orientation session covering the "Student Handbook" for 2010-2011. I understand and agree to abide by the policies, procedures, and statements presented. The handbook may be reviewed at http://www.greatplains.edu/student-resources/handbook/.

AUTHORIZATION TO RELEASE INFORMATION – I hereby authorize officials of the Great Plains Technology Center to release information in the records and files of the above named student upon request by prospective/current employers, military agencies, other educational institutions, and/or educationally related financial sponsoring agencies. This authorization shall remain in effect while I am a student and thereafter until I give written notice withdrawing authorization. I grant my full permission to GPTC to use my photo, video, tape, voice recordings, or biographical information for appropriate school promotions. I understand these will be used exclusively for instructional programs, school publications, school publicity, or any public information stories promoting GPTC. Because this personal material is for the school's non-profit use, I surrender all royalty rights.

BY SIGNING THIS FORM, I AGREE TO ALL THE TERMS DESCRIBED ABOVE.

Student Signature_____ Date _____

GPTC Instructor Signature_____ Date _____