

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 _____

Half-time if half time check which session AM PM or

Instructor _____

Full-time 1st year or 2nd year

STUDENT INFORMATION (PLEASE PRINT)

Name: _____

Last First Middle

Home Address _____

City _____ State _____ Zip _____

Gender: Male Female Date of Birth: _____

Employer Name: _____

E-Mail Address: _____

SSN (optional) _____

Cell Phone: _____

Home Phone: _____

Age: _____

Work Phone: _____

Great Plains Technology Center will use School Reach notification system to inform students about both routine school activities and in the case of an emergency, such as weather conditions that result in school closure.

In an emergency notify:

1) _____ Relationship: _____

Phone: (____) _____

2) _____ Relationship: _____

Phone: (____) _____

ETHNICITY / RACE

- | | | |
|--|---|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Pacific Islander/Hawaiian |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White |

EDUCATION LEVELS (PLEASE FILL IN YEAR COMPLETED)

- | | | |
|--|---|--|
| <input type="checkbox"/> Yr _____ GED | <input type="checkbox"/> Yr _____ Technical Diploma | <input type="checkbox"/> Yr _____ Master's Degree |
| <input type="checkbox"/> Yr _____ High School Graduate | <input type="checkbox"/> Yr _____ Associate Degree | <input type="checkbox"/> Yr _____ Doctorate Degree |
| <input type="checkbox"/> Some College, No Degree | <input type="checkbox"/> Yr _____ Bachelor Degree | |

SCHOOL DISTRICT OF RESIDENCE

- | | | |
|---|---|---|
| <input type="checkbox"/> Lawton Public Schools | <input type="checkbox"/> Fletcher Public Schools | <input type="checkbox"/> Sterling Public Schools |
| <input type="checkbox"/> Cache Public Schools | <input type="checkbox"/> Frederick Public Schools | <input type="checkbox"/> Snyder Public Schools |
| <input type="checkbox"/> Chattanooga Public Schools | <input type="checkbox"/> Geronimo Public Schools | <input type="checkbox"/> Tipton Public Schools |
| <input type="checkbox"/> Davidson Public Schools | <input type="checkbox"/> Indianoma Public Schools | |
| <input type="checkbox"/> Elgin Public Schools | <input type="checkbox"/> Randlett Public Schools | <input type="checkbox"/> OTHER School District Not Listed |

FUNDING SOURCE (PLEASE CHECK ALL THAT APPLY)

- | | | |
|--|---|---|
| <input type="checkbox"/> ASCOG – Work Force Oklahoma | <input type="checkbox"/> Military Tuition Assistance | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Employee Waiver | <input type="checkbox"/> OK Dept. of Rehab | <input type="checkbox"/> Superintendent Scholarship |
| <input type="checkbox"/> Federal SEOG | <input type="checkbox"/> OK Promise | <input type="checkbox"/> TAA Training |
| <input type="checkbox"/> Great Plains Foundation | <input type="checkbox"/> OTAG | <input type="checkbox"/> Tribal Funding _____ |
| <input type="checkbox"/> LINC | <input type="checkbox"/> Other Funding not listed _____ | <input type="checkbox"/> VA Chapter _____ |
| <input type="checkbox"/> Next Step Scholarship | <input type="checkbox"/> Pell Eligible | |

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 100 room 107).

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. *Indicate here the hospital you prefer to be taken to:* _____

STUDENT HANDBOOK

- Initial Here _____ I have attended an orientation session covering the "Student Handbook" for 2014-15
- Initial Here _____ 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/>*
- Initial Here _____ I have received a voter registration form from Great Plains Technology Center.

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 _____

OKLAHOMA VOTER REGISTRATION APPLICATION

IMPORTANT INFORMATION — PLEASE READ CAREFULLY

- Voter registration closes 24 days before an election. If you apply when registration is closed, your application will be processed when registration reopens after the election.
- If you mail this application, it must be postmarked more than 24 days before the election in which you wish to vote.
- You may not vote until you receive a Voter Card from the County Election Board.
- If you do not receive a Voter Card within 30 days, contact your local County Election Board.
- If you have questions, call your local County Election Board or call 405-521-2391.

INSTRUCTIONS FOR COMPLETING VOTER REGISTRATION APPLICATION

SECTION 1 — NAME

Oklahoma law requires you to provide proof of identity when you appear in person to vote. Your name on your voter registration application should match your name on your driver license or any other document used to show proof of identity for voting purposes.

SECTION 4 — POLITICAL PARTY

- If you register in a political party recognized in Oklahoma you may vote only for that party's candidates in primary elections.
- If you register No Party (Independent) you CANNOT vote for party candidates in primary elections.
- If you register in a political organization recognized in Oklahoma you CANNOT vote for party candidates in primary elections.
- If you choose a political party or organization not recognized in Oklahoma, you will be registered as a No Party (Independent) voter.
- You may not be able to change your political party at certain times in even-numbered years.

SECTION 5 — STREET ADDRESS OR DIRECTIONS TO YOUR HOME

- You must register to vote at your address of residence. If you have a street address or 911 address, this is your address of residence.
- A rural route or a post office box is NOT an address of residence.

SECTION 8 — HAVE YOU BEEN REGISTERED BEFORE?

- If you have been registered before, enter information about the place you were last registered. If you have never been registered before, leave this space blank.
- Enter your former name if it has changed since you last registered.
- Enter your former political party if you are changing your political party.

SECTION 9 — OATH

- Read the oath carefully. Sign and date it in ink. If you cannot sign your name, make your mark and give the name of the person who helped you.
- Who Can Register - You can register to vote if you are a citizen of the United States, a resident of the State of Oklahoma, and 18 years old or older.
- Felons - A convicted felon may not register for a period equal to the time of the original sentence. A convicted felon who has been pardoned may register.
- Persons Judged Incapacitated - Persons judged incapacitated by a court may not register to vote.

OKLAHOMA VOTER REGISTRATION APPLICATION

You may use this form if you are:

- A citizen of the United States.
- A resident of Oklahoma.
- 18 years old or older.

You may use this form to:

- Register to vote for the first time in Oklahoma.
- Change your address for voter registration within Oklahoma.
- Change your name.
- Change your political party.



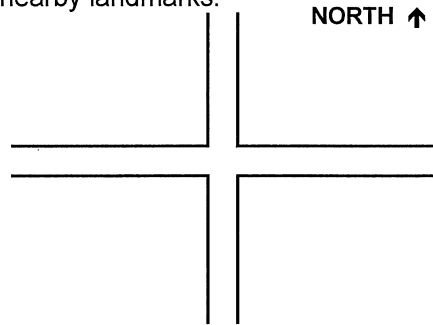
USE BLUE OR BLACK INK

Fold the application and place it in an envelope.

Mail it to:

OKLAHOMA STATE ELECTION BOARD
P.O. BOX 528800
OKLAHOMA CITY, OK 73152-8800

If you do not have a street address or 911 address, you may write directions to your home or provide the legal description (section, township, range) of your home. You may use the map to show where you live. If you use the map, write the names of the roads nearest where you live. Draw an X to show your home. Show schools, churches, or other nearby landmarks.



WARNING: All answers on this application must be true. It is a felony to submit false information on this form. You can be prosecuted if you do. If you are convicted, you can be imprisoned for not more than five years, fined not more than \$50,000.00, or both.

Fold →

1. Last Name (Print)		First Name (Print)		Middle Name (Print)		Suffix (Print) Jr., Sr., II, etc.		Office Use Only Voter ID Number			
2. Birth Date Month Day Year		3. Identification Number (Give one of these numbers or put a check mark in box c.) a. Oklahoma Driver License Number (Required) b. Last Four Numbers of Social Security Number (Required if no driver license) c. <input type="checkbox"/> I do not have a driver license or a Social Security number.						Precinct Number			
4. Political Party (See Instructions)		<input type="checkbox"/> Democratic Party		<input type="checkbox"/> Republican Party		<input type="checkbox"/> No Party		<input type="checkbox"/> Other _____		Activation Date	
5. Street Address or directions to your home (Not a rural route or PO Box — See Instructions)						City		State		ZIP code	
6. Mailing Address				City		State		ZIP code		7. County of Residence	
8. Have you been registered before? (See Instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No If you marked YES above, please give the following information.				9. Oath (See Instructions) Are you a citizen of the United States of America? YES <input type="checkbox"/> NO <input type="checkbox"/> Will you be 18 years of age on or before election day? YES <input type="checkbox"/> NO <input type="checkbox"/> If you check NO in response to either of these questions, DO NOT complete this form. I swear or affirm that: • I am a citizen of the United States and a resident of the State of Oklahoma. • I am 18 years old or older. Or I will be 18 on or before the date of the next election. • I have not been convicted of a felony. If I have been convicted of a felony, a period of time equal to the original sentence has expired, or I have been pardoned. • I am not now under judgment as an incapacitated person. I am not under judgment as a partially incapacitated person prohibited from voting. • The information I have given is true, I reside at the address given, and I understand that submitting false information on this form is a felony punishable by not more than 5 years in prison, by a fine of not more than \$50,000.00, or both.							
Former Name		Former Political Party									
Former Address											
City		County		State							
If someone helped you fill out this application, give helper's name and address here.											
				X _____ Signature or Mark of Applicant				_____ Date			