

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: _____
Last First Middle

GENDER: Male Female **ETHNICITY:** Am. Ind./Ak. Native Asian Black Hisp./Latino Pac. Islander/Hawaiian White

SSN (optional) _____ **Date of Birth:** _____ **Age:** _____

EDUCATION LEVELS (PLEASE FILL IN YEAR YOU COMPLETED EACH EDUCATION LEVEL)

Yr _____ GED Yr _____ Technical Diploma Yr _____ Master's Degree
 Yr _____ High School Graduate Yr _____ Associate Degree Yr _____ Doctorate Degree
 Some College, No Degree Yr _____ Bachelor Degree Yr _____

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).

FUNDING SOURCE & OKLAHOMA STATE INFORMATION (CHECK ALL THAT APPLY)

Are you receiving any type of funding? No Yes
If yes, list all funding sources you receive: _____

Single Parent Limited English Displaced Homemaker Migrant

CIVILIAN or MILITARY STATUS

Civilian Active Duty Dependent National Guard Previous Military Service Retired

E-MAIL ADDRESS: _____
 HOME ADDRESS: _____ HOME PHONE: _____
 CITY: _____ STATE: _____ ZIP: _____ CELL PHONE: _____
 Will you accept school related Texts on your Cell Phone No Yes, if yes who is your CELL PROVIDER? _____

*Great Plains Technology Center will use **School Messenger** 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.*

EMPLOYER NAME: _____ WORK PHONE: _____

SCHOOL DISTRICT OF RESIDENCE

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

IN AN EMERGENCY, NOTIFY:

1) _____ RELATIONSHIP: _____ PHONE: (_____) _____
 2) _____ RELATIONSHIP: _____ PHONE: (_____) _____

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 2019-20
- Initial Here _____ I understand and agree to abide by the policies, procedures, and statements presented. *The handbook may be reviewed at <https://www.greatplains.edu/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. After graduation, GPTC may contact employer to assess the employer's satisfaction with the graduate's performance. 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 _____