

BARTON COMMUNITY COLLEGE

Term: Fall 20 ____
 Spring 20 ____
 Summer 20 ____
CYCLE NO: ____

Fort Riley ONLY: 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
County
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.bartonccc.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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Advisor's 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 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 Community College.

Signature, High School Official _____ Date _____
****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 _____

SS#

Name