

Approved March 5, 1992
Date

MINUTES OF THE SENATE COMMITTEE ON EDUCATION

The meeting was called to order by SENATOR JOSEPH C. HARDER at
Chairperson

1:30 ~~xpm~~/p.m. on Monday, March 2, 1992 in room 123-S of the Capitol.

All members were present except:

Senator Frahm, excused

Committee staff present:

Mr. Ben Barrett, Legislative Research Department
Ms. Avis Swartzman, Revisor of Statutes
Mr. Dale Dennis, Assistant Commissioner of Education
Mrs. Millie Randell, Committee Secretary

Conferees appearing before the committee:

SB 731 - Concerning educational institutions; relating to the issuance of revenue bonds for construction or acquisition of certain properties.

Proponents:

Dr. Robert Severance, Director of the North Central Kansas Area Vocational-Technical School, Beloit

SB 730 - Concerning the teaching profession; establishing a professional teaching board.

Proponents:

Mr. John Koepke, Executive Director, Kansas Association of School Boards
Ms. Peg Dunlap, Director of Instructional Advocacy, Kansas National Education Association

Opponents:

Mr. Rod Bieker, Director of Legal Services, State Department of Education

SB 731 - Concerning educational institutions; relating to the issuance of revenue bonds for construction or acquisition of certain properties.

After calling the meeting to order, Chairman Joseph C. Harder welcomed to the Committee Dr. Robert Severance, Director, North Central Kansas Area Vocational Technical School, Beloit, who spoke in support of SB 731.

Dr. Severance explained that the original legislation which SB 731 seeks to amend was designed for the Northwest Kansas Area Vocational Technical School at Goodland for the purpose of building student housing and a student union building through revenue bonds. (Attachment 1) Dr. Severance further explained that his area now would like to expand the capability of revenue bonds to include refinancing of their present debt load on the existing student union building and student housing. Their bond company, he said, has indicated that a great deal of money can be saved because of extremely low interest rates now in effect. Dr. Severance explained that because of a diminished population in both Sherman and Mitchell Counties, SB 731 negates population figures and addresses the specific counties which would be affected by SB 731. Dr. Severance noted that no tax dollars are involved.

After calling for additional conferees, the Chair announced that the hearing on SB 731 is concluded and that the bill would be taken under advisement.

SB 730 - Concerning the teaching profession; establishing a professional teaching board.

The Chair then reverted Committee attention to SB 730, which establishes a professional teaching board, and called upon Mr. John Koepke, Executive Director, Kansas Association of School Boards.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON EDUCATION

room 123-S, Statehouse, at 1:30 ~~am~~/p.m. on Monday, March 2, 1992

Mr. Koepke reminded members that SB 730 was introduced by the Committee in response to a joint request by the Kansas Association of School Boards and the Kansas National Education Association. He described the concept of SB 730 as a reversal of his association's long standing position regarding creation of an autonomous body to deal with standards for licensing and discipline of the teaching profession. (Attachment 2)

In replying to a question, Mr. Koepke responded that SB 730 would eliminate both the Advisory Standards Board and Practices Commission, both of which are advisory to the State Board of Education. He described the new board as one which would be able to make its own decisions. Mr. Koepke stated, however, that a recommendation would be made for the two original boards to be reconstituted but limited only to dealing with Advisory Standards Board administrators.

The Chair called upon the next proponent, Ms. Peg Dunlap, Director of Instructional Advocacy, Kansas National Education Association. Ms. Dunlap stated that "those who practice teaching and its related services in Kansas are ready to enjoy professional rights and to assume professional responsibilities". (Attachment 3)

Responding to a question, Ms. Dunlap replied that during the 1990-91 school year, three teaching certificates had been revoked, all because of felony convictions. She stated that eight cases were heard during 1989-90: the state took no action on one; three were volunteer surrenders because of felony convictions; three were revoked or suspended due to felony convictions; and one related to breach of contract. Ms. Dunlap stated that there is no professional ethics code for teachers in Kansas.

In further response, Ms. Dunlap stated KNEA would have an open mind regarding board membership so long as a teacher majority is maintained.

Mr. Rod Bieker, Director of Legal Services for the State Department of Education, testified in opposition to SB 730. (Attachment 4) Mr. Bieker, after describing disciplinary actions that have been taken by the State Board, asserted that the State Board has acted diligently in upholding the teaching profession. Mr. Bieker recommended that the Committee report SB 730 unfavorably.

Due to lack of time, the Chair requested Mr. Gerald Henderson, representing United School Administrators of Kansas, to return tomorrow to present his testimony opposing SB 730. Mr. Henderson replied that he would do so.

The Chair called Committee attention to the distribution of packets relating to community college residency information which had been compiled by Mr. Dale Dennis of the State Department of Education in response to a Committee request. (Attachment 5)

Senator Walker moved and Senator Steineger seconded a motion to approve minutes of the Committee meeting of February 27. The motion carried, and the minutes were approved.

The Chair adjourned the meeting.

SENATE EDUCATION COMMITTEE

TIME: 1:30 p.m. PLACE: 123-S DATE: Monday, March 2, 1992

GUEST LIST

NAME

ADDRESS

ORGANIZATION

Lisa Shear	301 S. Weaver, Hesston, KS, 67062	page
Jew Numenmacher	205 S. Roupp, Hesston, KS, 67062	Page
Angela Fleming	206 S. Roupp, Hesston, KS 67062	Page
KEVIN ROBERTSON	TOPEKA	As Asst of APTS
Linda Ward Mosier	Hays	School Board USD 489
John W. Krosch	Topeka	KASB
Gerald W. Gardner	Topeka	USA/TKS
Peg Dunlap	Topeka	KNEA
Rod Bieker	Topeka	KSDE
Nancy P. Green	Topeka	KSBE
Cornie Huelser	Topeka	KSBE
Jacque Oates	Topeka	SQE
Robin Michel	Wichita	USD 259
Chuck Tilman	Topeka	KNEA
Kay Allen	Topeka	KNEA
Craig Grant	Topeka	KNEA
Ladislav M. Hermanek	Topeka	Gov. office
TED D. AYRES	TOPEKA	BO OF REGENTS
BOB SEVERANCE	BEHOLD	N.P.K. AUTS - BEHOLD
Matt Trell	Topeka	AP
M. Hawser	"	Cap-Journal

SENATE BILL # 731

March 2, 1992 - 1:30 p.m.
Room 123 - South

Dr. Robert Severance, Director
North Central Kansas Area Vo-Tech School
Beloit-Hays-Norton

History of Original Legislation

- - Was originally designed for NWK-AVTS-Goodland
 - - Representative Don Crumbaker
 - - Student Union and Student Housing
- - Was utilized by NCK-AVTS Beloit
 - - Student Housing
 - - Student Union

Reason to Amend Present Statute

- - NCK-AVTS wants to make an addition to student union and continue capability to expand student housing.
- - Population numbers in both Sherman and Mitchell Counties have diminished below 7,250 - 9,000 level.
- - Suggested by Senator Lee that population numbers be dropped and specific counties to be affected to be named specifically to avoid future changes.
- - No other changes in original legislation.

Summary

- - Bill is permissive legislation to offer a type II AVTS (that has no bonded indebtedness capability) an alternative method of financing.
- - No tax dollars involved.

Questions and Suggestions

EDUC
3/2/92
A1

KANSAS
ASSOCIATION



OF
SCHOOL
BOARDS



5401 S. W. 7th Avenue Topeka, Kansas 66606
913-273-3600

Testimony on S.B. 730
before the
Senate Committee on Education

by

John W. Koepke, Executive Director
Kansas Association of School Boards

March 2, 1992

Mr. Chairman and members of the Committee, we appreciate the opportunity to appear before you on behalf of the member boards of education of the Kansas Association of School Boards. At our Delegate Assembly this past December, our members overwhelmingly adopted a policy which reversed our historic position on the issue before you, the creation of an autonomous body to deal with standards for licensing and discipline of the teaching profession.

As we looked at all of the accountability issues in the present education reform movement, we felt it was inconsistent to ask for greater flexibility for school boards in dealing with regulations without also recognizing the concerns of other groups. In that light, we felt it was imperative that teachers be allowed to address concerns expressed about their profession by gaining the ability to determine who enters and remains in that profession. We would therefore express our support for the concept of autonomy found in SB 730.

EDUC
3/2/92
A2-1

We are well aware of the concerns and arguments which can be made against this measure, since we have made most of them ourselves over the years. As you have been doing in this Committee, however, for the past two year, we believe it is time to question basic assumptions about our past practices.

We would point out that our desire in this matter does not extend to allowing this new body to determine administrator standards. We would ask that an advisorybody to the State Board be reconstituted to deal with the issue of administrator standards and licensing. We appreciate your attention to our concerns and I would be happy to answer any questions.

EDUC
3/2/92
2-2



KANSAS NATIONAL EDUCATION ASSOCIATION / 715 W. 10TH STREET / TOPEKA, KANSAS 66612-1686

Peg Dunlap testimony before
Senate Education Committee
SB 730
Monday, March 2, 1992

Thank you, Mr. Chairman, members of the committee. I am Peg Dunlap, here today representing the 24,000 members of Kansas NEA. I am proud to speak in favor of SB 730 for professional and for personal reasons.

I was a teacher. I hold a Permanent Professional Certificate from the state of Iowa. One of the proudest achievements of my teaching career was my appointment to Iowa's version of our Standards Board. That board is now the Board of Educational Examiners, an autonomous board.

I am now employed by the people who used to be my colleagues. Among my job responsibilities is assisting the teachers who serve on the current Standards Board. I am proud to be speaking for them this afternoon in favor of a bill that would grant teachers and related services personnel professional autonomy.

The concepts embodied in this bill represent the full acknowledgement by the Legislature and the State of Kansas that teaching is a true profession.

Professions are defined by certain characteristics: they have a body of organized knowledge recognized as their own, members of the profession set standards for entry into practice, they accredit preparation programs, they enforce ethics.

The operative words in the enactment section are ". . .with

all the similar rights, responsibilities, and privileges accorded other legally recognized professions." Among the legally recognized professions in Kansas are medicine, law, engineering, architecture, mortuary science, cosmetology, accounting, and real estate brokerage.

Those who practice teaching and its related services in Kansas are ready to enjoy professional rights and to assume professional responsibilities. We fully understand what those are. They are listed on page 2, section 4, beginning at line 18. They include the responsibility to set standards for entry into and continuance in the profession. They include the responsibility to develop a code of professional ethics, something that does not currently exist. They include the responsibility to exercise discipline over those who hold teaching and related services licenses.

The Professional Teaching Board proposed in this bill would have 11 members - 8 teachers, 1 administrator, 1 faculty member from a teacher preparation program, and 1 member of the public. The Commissioner of Education or his/her designee would serve as an ex-officio non-voting member of the Board.

The establishment of the Professional Teaching Board will put Kansas again in the forefront in the field of education. We were there not long ago, believe it or not, but little publicity was sought or generated when elements of the Kansas Plan were enacted in 1984. Those elements included precertification testing for licensure candidates, an internship program for those who would enter the profession, and an inservice program to address the continuing education needs of those already licensed. Those

EDUC
3/2/92
3-2

elements are common today in states that have enacted "reform legislation." Many of those states modeled their efforts after the programs in Kansas, even those that no longer exist, such as the internship program.

Kansas now has the chance to lead again. This bill would put Kansas in company with California, Iowa, Minnesota, Oregon, and Nevada, the only other states with autonomous teacher licensure boards.

Why is autonomy so important? I believe that question has been answered best by Arthur E. Wise, former director of the Center for the Study of the Teaching Profession at the Rand Corporation in Washington, D.C., current executive director of the National Council for the Accreditation of Teacher Education (NCATE), and the most prominent national advocate for autonomy. Mr. Wise said:

"In professions, the members, under a grant of authority from the state and in concert with national nongovernmental bodies, establish and maintain standards for entry. The members have every incentive to maintain their standards. They know that the overall reputation of their profession is at stake."

". . . It turns out that the only people we can rely on to watch over the quality of members of a profession are the members themselves. The regulation of a profession by itself achieves results for society that cannot be achieved in any other way."

". . . In short, for policymakers and the public to be able to trust individual teachers, they must trust teachers collectively to control access to teaching. Individual states should follow their own well-established practices for professions. Each state should create a board for professional teaching standards, and these boards should have the power to establish and enforce standards for entry."

EDUC
3/2/92
3-3

There are four technical elements of this bill that we would like to see addressed. First, we believe that the administrator standards board should continue to exist, as it did before the establishment of the current joint board.

Second, on page 2, section 10, line 40, we believe that the new Board should be compensated like other professional boards in Kansas. That would require removal of the reference to sub-section (e). That sub-section of K.S.A. 75-3223 speaks only to subsistence and mileage. All other boards receive compensation, subsistence, mileage, and other expenses, as provided in all the other subsections (a - d) of K.S.A. 75-3223.

Third, we encourage you to think about page 4, section 11, (a)(3). Perhaps that section could be broadened to include transfer of certain officers and employees, with maintenance of benefits, as was done in K.S.A. 75-7012 when the Board of Technical Professions was established. This could provide continuity from the current system to the new Board.

Last, we believe that on page 2, line 18, the reference was intended to read: the Professional Teaching Board, consistent with all other references in the bill.

Mr. Chairman and members of the committee, I appreciate the opportunity to speak to you about this most important bill. You can tell that it is something about which I feel strongly. It is something that would allow the teaching profession to become accountable - for those who enter and for those who would stay.

This is an opportune time to enact this legislation. I urge your favorable action on SB 730.

EDUC
3/2/92
3-4

Kansas State Board of Education

120 S.E. 10th Avenue, Topeka, Kansas 66612-1182

March 2, 1992

TO: Senate Education Committee
FROM: State Board of Education
SUBJECT: 1992 Senate Bill 730

I am Rod Bieker, Director of Legal Services for the State Department of Education. I am here today on behalf of the Kansas State Board of Education as an opponent to Senate Bill 730.

The objection to SB 730 by the State Board of Education is two-fold. First, the Board believes the enactment of this law would violate Article 6, Section 2 of the Kansas Constitution as interpreted by the Kansas Supreme Court in the 1973 Peabody case¹ and the 1979 NEA-Fort Scott case². In the Peabody case, the Kansas Supreme Court said that the State Constitution directly confers power upon the State Board of Education to provide for general supervision over public schools and all the educational interests of the state except for those matters delegated to the State Board of Regents. In the NEA-Fort Scott case, the Court held that general supervision by the State Board of Education included the basic mission of equalizing and promoting the quality of education for the students of this state by such things as the accreditation of schools and the certification of teachers.³ In light of these decisions of the Kansas Supreme Court, the State Board of Education believes that SB 730 would interfere with the State Board's self-executing powers and would be unconstitutional.

In addition, even if the constitutional question is ignored, the State Board believes this legislation is unnecessary. The State Board is doing a good job in setting the standards for teacher certification and in monitoring those persons who are allowed to be (or continue to be) members of the teaching profession.

The State Board has worked cooperatively with the Teaching and School Administration Professional Standards Advisory Board and the Professional Practices Commission. A perfect example of the State Board's leadership in this area is its recent adoption of regulations for alternative certification. In addition, it has been very diligent in working with the Professional Practices Commission to ensure that unfit persons are not allowed to continue as members of the teaching profession or are subject to appropriate discipline.

In light of the State Board's record of action in regard to teacher certification, there is no need to create a separate body to license and regulate the teaching profession. Senate Bill 730 should be reported unfavorably by this Committee.

¹ State ex rel. v. Board of Education, 212 Kan. 482.

² NEA-Fort Scott v. U.S.D. No. 234, 225 Kan. 607.

³ Id. at 610-611.

Kansas State Board of Education

120 S.E. 10th Avenue, Topeka, Kansas 66612-1182

March 2, 1992

TO: Senator Joseph Harder

FROM: Dale M. Dennis, Assistant Commissioner, Division of Fiscal Services and Quality Control

SUBJECT: Community College County Residency Information

Attached is the information requested on residency data collected by the community colleges. If you have further questions, feel free to contact this office.

Attachments

Dale M. Dennis
Deputy/Assistant Commissioner
Division of Fiscal Services and Quality Control
(913) 296-3871

EDUC

3/2/92

A5-1

COMMUNITY COLLEGE
Reporting Form:
Out-District Tuition:
1991-92 School Year:

TO: Board of County Commissioners of _____ County
Concerning _____ Community College

- Reporting Period () Summer 1991
 () Fall 1991
 () Fall-Mini 1991
 () Spring 1992
 () Spring-Mini 1992

The total out-district tuition charged by a community college shall be an amount equal to the number of duly enrolled out-district students times \$24.00 for each credit hour of each duly enrolled out-district student if, as determined by the state board, the student has not more than 64 credit hours from any institution of postsecondary education, or the student has not more than 72 credit hours and is enrolled in terminal type nursing courses or freshman-sophomore level pre-engineering courses. Students who are enrolled in approved vocational education programs with over 64/72 credit hours are eligible for out-district tuition and state aid. K.S.A. 71-301.

1. Total Semester Hours
 _____ @\$24.00 \$ _____
2. Plus or minus adjustments based on 1990-91 actual payment which resulted in an undercharge or overcharge for 1990-91 \$ _____
3. Total Out-District Tuition to be paid by county
 county (Line 1 plus or minus Line 2) \$ _____

Verification: I hereby certify that to the best of my knowledge the amounts reported on this form are true and correct as submitted.

Signed _____
President/Registrar/Clerk of Board

Date _____

EDUC
3/2/92
5-2

2

Fall _____ Spring _____ Summer _____

(Enter Your Schedule)				Student Schedule			
Course No	Sec No	Course Repeat	PF	Course Title	Cr Hrs	Mtg Time	Mtg Days
Total Credits Approved							

Residency

I hereby certify that I am a permanent resident of _____ county in the state of _____. This means that I have lived in the above county for at least 6 months prior to the date indicated on this form.

Signature Date

This schedule has been approved for enrollment in the following program:

_____ name of program

Signature of Advisor or Coordinator

Tuition & Fees

_____ Hrs. @ _____
Tuition

Book Rental _____

Other _____

Total _____

High School Student Release

I certify that the above named student is a (Junior/Senior) with 15 (or more) units of credit.

I also give this student permission to attend Allen County Community College during the (fall/spring/summer/all) semester(s).

Principal's signature

_____ High School

_____ Date

Allen County Community College is dedicated to the concepts of equal opportunity. The College will not discriminate on the basis of race, color, religion, sex, age, national origin, marital status, or against any qualified handicapped individual, in its employment practices or in the admission and treatment of students. Repeating this statement does not constitute discrimination on the basis of sex and violates this rule, the College shall not tolerate such conduct.

EDUC
3/2/92
5-4

①



Allen County Community College
 1801 North Cottonwood, Iola, KS 66749-1698

Phone 316-365-5116

Social Security No. _____

Name Mr. _____
 Name Ms. _____
 Name Mrs. _____
 Last First Middle Maiden or Previous

Permanent Home Address _____
 Street City County State Zip

Home Phone _____ Date of Birth _____
 Veteran _____ Receiving _____
 Yes No Benefits Yes No

Parent
 Guardian
 Spouse
 Name Street City State Zip Phone

 THIS INFORMATION WILL BE USED FOR REPORTING PURPOSES ONLY

Ethnic Category _____ Visa Code _____
 American Indian Asian or Pacific Is. Black, Non-Hispanic White, Non-Hispanic Hispanic, Spanish Amer. Non-Resident Alien

Sex _____ Marital Status _____ Did your parents graduate from college? _____
 male female married single divorced widowed yes no

Are you a single parent/homemaker? _____ Are you Handicapped or Disabled? _____ Explain _____
 yes no yes no

Your local address (if different than above) _____ Phone _____

High School Attended _____ Date of Graduation _____ G.E.D. Certificate _____
 Name State yes no

Hometown Newspaper _____
 Name Street City State Zip

Please list all colleges attended _____ Attended ACCC before? _____
 yes no

Student Type _____ Non Degree Seeking
 _____ Certificate of Completion (Specify program: _____)
 _____ Degree (Please specify: _____)

Major field of interest _____

I certify that the above information is complete and correct to the best of my knowledge. I understand that my admittance is not complete until official transcripts have been submitted by my high school and each college I have attended.

Applicant Signature _____ Date _____

EDUC
 3/2/92
 5-5

SEMESTER
FALL
SPRING
SUMMER 19__

BARTON COUNTY COMMUNITY COLLEGE
Great Bend, Kansas 67530
(316) 792-2701

PLEASE PRINT AND PRESS HARD

On-Campus Night Enrollment _____
 Outreach Enrollment Comm. Ed _____
 Seminar Enrollment Seminar _____

Social Security Number _____

Name _____
Last Name First Name MI Other names (under which records might be found)

Legal Address _____
Number and Street City State & Zip Code

Date of Birth _____
Mo. Day Year Phone _____
Area Code and number

Field of Study indicate Field of Study You Plan to Pursue: _____

Residency of Barton County Community College
not to discriminate on the basis of race, color,
national origin, sex, age or handicap in its educa-
tional programs, activities or employment practices
in compliance with Title VI, Title VII or Section 504.
Inquiries may be addressed to Richard G. Frazier,
Director, Admissions, 6000 Ward Blvd., Department
of Education, Region VII, Office of Civil Rights,
10820 N. Greenway Way, Suite 300, Kansas City, Mis-
souri 64125.

Classes: Dept. Course No. & Section _____ Course Title _____ Instructor _____ City of Work _____ Hrs. of Credit _____

Dept. Course No. & Section _____ Course Title _____ Instructor _____ City of Work _____ Hrs. of Credit _____

Dept. Course No. & Section _____ Course Title _____ Instructor _____ City of Work _____ Hrs. of Credit _____

PRIOR: **BARTON COUNTY COMMUNITY COLLEGE:** _____

CIRCLE: SEX: Male _____ Female _____
This information is Confidential: Race (check one):
White Asian Spanish
Black Indian Non-Resident Alien

COLLEGE: _____
Other College _____

HSUNHS: _____
Other College _____

Declara- Are you a Kansas resident? Yes No Date Kansas residence began _____ Legal County of residence _____ Date county residency began _____
of- Previous legal _____
Residence: county of residence _____ Previous legal county address _____
Number and street _____ City _____

Education: GED Graduate Yes No High school from which You did or will graduate _____ High school _____ City _____ State _____ Year _____
Do you hold a _____
College Degree? Yes No If yes, what type? _____

Signature _____
Applicant's Signature for Enrollment and Residency Certification Date _____

For Office Use Only	Types Paid	Tuition Amt. Paid	Fees Paid	Coll. Offset
---------------------	------------	-------------------	-----------	--------------

EDUC
3/2/92
5-6



ADMISSIONS APPLICATION
OFFICE OF ADMISSIONS
BARTON COUNTY COMMUNITY COLLEGE
GREAT BEND, KS 67530

OFFICIAL USE ONLY
Advisor _____

Complete and Return

Social Security Number _____

Home Phone (_____) _____

Applicant's Full Name (Last, First, M.I.) _____

Sex: Male Female

Applicant's Legal Street Address _____

Date of Birth: _____
(month) (day) (year)

Applicant's Legal City, State, Zip _____

Next of Kin (last, first) _____

Other name(s) under which records might be found _____

Next of Kin Address (Street or R.R.) _____

Address while attending college if different from legal address _____

Next of Kin Address (City, State, Zip) _____

CITY _____ STATE _____ ZIP _____

DO YOU PLAN TO ENROLL IN:

High School or GED Center attended _____

Fall (August) Spring (January) Summer (August)

CHECK ONE: I WILL BE A

Address (City, State, Zip) _____

Freshman Sophomore H.S. Student

High School Graduation Year _____

Over 64 Hours Non-H.S. Graduate

or GED Completion Year _____

I am: New Former Transfer

Total Hrs _____ Total Hrs _____

NOTE: A transcript from your high school must be on file at BCCC before you are considered officially enrolled.

Indicate field of study you plan to pursue: _____

List all colleges attended, including BCCC, listing most recent first. Kansas law requires that you report and furnish transcripts of all colleges and universities attended.

School Name	City and State	Date

Do you wish information about: Financial Aid Campus Housing

COMPLETE BACK SIDE

EDUC
3/2/92
5-7

Ethnic/Racial Status
(Required for federal and state accounting purposes only.)

- Asian or Pacific Islander
- Black/American
- Hispanic
- American Indian
- Non-Resident Alien
- White

I am a full-time employee of BCCC: Yes No

A member of my immediate family is a full-time employee of BCCC: Yes No

I am a Barton County Senior Citizen (65 years old or over): Yes No

I will be participating in athletics at BCCC: Yes No If yes, what sport? _____

NOTICE OF NON-DISCRIMINATION

It is the policy of Barton County Community College not to discriminate on the basis of race, color, national origin, sex, age or handicap in its educational programs, activities or employment practices in compliance with Title VI, Title IX or Section 504. Inquiries may be addressed to Robert G. Rumble, Dean of Administration (BCCC) or U.S. Department of Education, Region VII, Office of Civil Rights, 10220 N. Executive Hills Blvd., Kansas City, Missouri 64153.

RESIDENCY STATEMENT

All applicants read this and indicate your residency status on the application.

For the purpose of being assessed college tuition, Kansas residents are persons, who, if adults, have resided, or if minors (under 18), whose parents have resided in Kansas for six months immediately preceding the first day of classes.

In some cases, residency status is subject to interpretation by the BCCC Residency Committee. Such persons as financially independent students whose parents reside in another state, non-residents who marry residents, military personnel and their dependents stationed in Kansas, and students acquiring an abode, whether by purchase, renting or otherwise and intending to live in it permanently or indefinitely, should consult the Registrar's Office if in doubt about their residency status.

It is the student's responsibility to enroll under the proper residency classification. If there is any question concerning residency status, it is the student's responsibility to raise the question in the Registrar's Office before paying fees.

Declaration of Residency

Are you a Kansas resident: Yes No

Date Kansas residence began _____

Legal county of residence _____

Date county residency began _____

Full legal name (last, first, middle) _____

Student's legal place of residence (street) _____

Student's address (city, state, zip) _____

PLEASE SIGN HERE _____

Date _____

Student's legal signature

If you are UNDER 18 years of age or listed as a dependent by your parents, please complete the following information.

Parent's name _____
(last) (first)

Parent's legal residence _____
(street) (city) (state) (zip)

Parent's legal county of residence _____ Parent's phone _____

EDUC
3/2/92
5-8

Butler County Community College APPLICATION FOR ADMISSION

Office Use Only
College Official _____
Advisor Code _____

What semester do you plan to enter BCCC?
Year _____ Fall _____ Spring _____ Summer _____

Have you previously attended BCCC?
 Yes, when _____ No

Social Security Number _____

Name (Last, First, M.) _____

Legal Street Address _____

Legal City, State, ZIP _____

Home Phone (____) _____

Other names your records may be found under: _____

Current place of employment: _____

City, State, ZIP _____

Phone (____) _____

Mailing Address, if different from above: _____

Street Address _____

City, State, ZIP _____

Student data information required for federal and state
accounting purposes only.

Sex: Male Female

Race: American Indian Black Hispanic
Asian or Pacific Caucasian Other

Marital Status: Single Married

Date of Birth _____
Month Day Year

Are you a U.S. Citizen?

Yes, Complete box below

Are you a Kansas Resident?

YES
Date Kansas Residency Began
Mo _____ Year _____
Legal County of Residence _____

Date County Residence Began
Mo _____ Year _____

NO, please see an advisor about
residency requirements.

No, Complete appropriate box below

Resident Alien

A# _____
Date Issued _____

Note: You must visit with an Interna-
tional Advisor before you may register
for classes.

International Student (F1)

Visa Type _____
INS Admission # _____
Country of Birth _____
Country of Citizenship _____

Note: You must visit with an Interna-
tional Advisor before you may register
for classes.

Emergency Contact Person:

Name (Last, First, M.) _____

Street Address _____

City, State, ZIP _____

Home Phone (____) _____ Work Phone (____) _____

Relationship _____

Did you graduate from high school?

Yes, when _____ No

High School attended: _____

High School City, State _____ County _____

Are you currently attending high school?

Yes, when will you graduate? _____ No

Date of High School graduation _____
Month Year

Have you taken the GED?

Yes, when ? _____ No

Veteran Status:

Are you a veteran? Yes No

Do you plan to use Veterans' Educational Assistance?
 Yes No

Are you using Tuition Assistance for Military? Yes No

Do you have special learning needs? Yes No

Do you wish to be contacted by our special needs office?
 Yes No

If you have lived at your current address for less than six months, what was your previous address?

Street Address _____

City, State, ZIP _____

How long did you live at this address? _____

EDUC
3/2/92
5-9

Social Security Number _____

SPRING 1992

Student Name _____ Classification _____

HOME ADDRESS
(Not College Address)
HOME COUNTY

RFD or Street _____ CITY STATE ZIP _____

ARE YOU A RESIDENT OF KANSAS? Yes _____ No _____ If so, how Long? _____

Course Number	Course Title	Credit Hours	If A Repeat Course, What Grade Was Received

TOTAL

This schedule has been checked and repeats are marked

This schedule has been checked for prerequisites

Declared Major _____

Enrolled by _____ Date _____

THIS SPACE FOR OFFICE USE ONLY

TUITION	FEEES	TOTAL
Number of Hours _____		Tuition _____
Resident \$ _____		Fees _____
Non-Resident \$ _____		Total _____

EDUC
3/2/92
5-10

CLOUD COUNTY COMMUNITY COLLEGE

SPRING SEMESTER 1992

SOCIAL SECURITY NUMBER _____

NAME _____
(Last) (First) (Middle) (Maiden)

Please Complete The Following Information in Either Section A or B:

A. SINGLE STUDENTS:

Parent or Guardian Name Mr. Mrs. Mr. & Mrs. _____
(Please circle one)

Street/Box _____

City/State/Zip _____

County _____ Telephone _____

B. MARRIED STUDENTS OR INDEPENDENT ADULT STUDENTS:

Your name, or if married, name of spouse _____

Street/Box _____

City/State/Zip _____

County _____ Telephone _____

RESIDENCY STATEMENT FOR ALL STUDENTS:

I moved or plan to move to Concordia for the sole purpose of taking courses at CLOUD COUNTY COMMUNITY COLLEGE. YES NO

How long have you been a resident of Kansas _____

Signature of Student _____

Address while attending CCCC _____

Telephone _____

EDUC
3/2/92
5-11

STUDENT INFORMATION FORM

Name: _____
Last Maiden First Middle

Social Security Number: _____

Marital Status: Married _____ Single _____ Divorced _____

Name of Spouse _____

Number of Children _____ Ages _____

Ethnic Background: (please check one)

Non-resident Alien _____

Black Non-Hispanic _____

American India or Alaskan Native _____

Hispanic _____

Asian or Pacific Islander _____

White Non-Hispanic _____

Are you handicapped in any way? Yes _____ No _____ (if yes, please explain)

Year of high school graduation: _____

Are you a first-time college freshman? Yes _____ No _____

Are you transferring credits from another institution? Yes _____ No _____

If so, please list colleges attended:

EDUC
3/2/92
5-12

SPRING 1992

CLOUD COUNTY COMMUNITY COLLEGE

Student Name _____

Social Security Number _____

Check the category which best describes your program of study:

COURSE ENROLLEE

_____ A student enrolled in a course without the intention of seeking a college credential.

PROGRAM ENROLLEE

_____ A student enrolled in a defined program of study leading to the award of an associate degree or certificate.

Name of program _____

UNDECLARED PROGRAM ENROLLEE

_____ A student enrolled in the college for the purpose of achieving a college credential but without having declared a specific occupational program or degree.

UNIVERSITY TRANSFER

_____ A student seeking a degree who has declared an intention transfer.

-----Explanation of above-----

A course enrollee is a student enrolled only in a hobby or recreational type course such as golf, aerobics, tennis, self defense, stained glass, guitar, etc., or a short term allied health course which is generally taken for renewing a certificate.

A program enrollee is a student enrolled in an approved vocational/occupational program such as the associate degree nursing, travel/tourism, management, the various ag programs, etc.

The undeclared program enrollee is a student enrolled in college credit classes but not ready to declare a specific occupational or transfer program.

The university transfer student has enrolled with the definite plan of transferring to a four-year school.

EDUC
3/2/92
5-13

SOCIAL SECURITY NUMBER _____ FALL 19__ SPRING 19__ SUMMER 19__

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME
LOCAL MAILING ADDRESS		CITY	STATE
		LOCAL PHONE NUMBER	WORK PHONE NUMBER

EMERGENCY CONTACT

NAME: PARENT GUARDIAN SPOUSE

ADDRESS CITY STATE ZIP PHONE #

- 1.) Have you previously been enrolled at Coffeyville Community College? Yes No
- 2.) For the purpose of assessing tuition and fees:
 - A.) Are you a resident of the State of Kansas? Yes No (Date Kansas residency began / /)
 - B.) In what Kansas county do you reside? _____ (Date county residency began / /)
- 3.) MAJOR _____
- 4.) ADVISOR _____

CODE	COURSE TITLE	CR. HRS.	TIME	DAY	ROOM	INSTRUCTOR	FOR OFFICE USE ONLY																				
<div style="font-size: 4em; opacity: 0.5;">S</div>							<table border="1"> <tr><th colspan="2">TUITION & FEES</th></tr> <tr><td>IN STATE KANSAS</td><td></td></tr> <tr><td>OUT OF STATE OR INTERNATIONAL</td><td></td></tr> <tr><td>INCIDENTAL</td><td></td></tr> <tr><td>STUDENT UNION</td><td></td></tr> <tr><td>FRESHMAN CLASS DUES</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td>TOTAL</td><td></td></tr> </table>	TUITION & FEES		IN STATE KANSAS		OUT OF STATE OR INTERNATIONAL		INCIDENTAL		STUDENT UNION		FRESHMAN CLASS DUES								TOTAL	
TUITION & FEES																											
IN STATE KANSAS																											
OUT OF STATE OR INTERNATIONAL																											
INCIDENTAL																											
STUDENT UNION																											
FRESHMAN CLASS DUES																											
TOTAL																											

ACKNOWLEDGE AND ACCEPT FULL RESPONSIBILITY FOR THE APPLICABILITY OF COURSES TO MY EDUCATIONAL OBJECTIVE.

DATE _____ STUDENT SIGNATURE _____

COFFEYVILLE COMMUNITY COLLEGE COFFEYVILLE, KANSAS 67337 TOTAL CREDIT HOURS _____ PAYMENT RECEIVED BY _____

TOTAL P.02
EDUC
3/2/92
5-14

RETURNING STUDENTS
From Fall 1991
Please complete other side

SPRING 1992

Colby Community College
Colby, Kansas

Student ID Number (SSN) _____ Major _____

Name _____

LAST FIRST MIDDLE MAIDEN

LEGAL ADDRESS _____

Street or RR City State Zip Phone KANSAS COUNTY

Emergency Notification Information:
 Name _____ Phone _____
 Relation _____ Complete Address _____

COLBY ADDRESS

Street or Dorm _____ Phone _____

Birth Date _____ Sex M F Marital Status S M D W

Graduate of (High School/GED) _____
 Year School Name City State

Previous College Credits Earned: COLBY COMMUNITY COLLEGE Cr. Hrs. _____ Year _____

From Other College _____ Cr. Hrs. or Degree Earned _____

KANSAS RESIDENTS: I hereby certify that I am a permanent resident of _____ County, and I have lived in the Kansas for at least six (6) months prior to the date indicated on this form. (If Thomas County, resident since _____.)

Ethnic/Racial Status: _____ White _____ Asian/American _____ Mexican/American _____ Other
 Please check the appropriate one: _____ Black/American _____ American Indian _____ Hispanic/American

Signature _____ Date _____

I desire enrollment in the following courses:

Course ID			Course Title	Days	Time	Credit Hours
Dept.	No.	Sec.				

OFFICE USE ONLY

Class _____

Advisor _____

Major _____

HOME COUNTY

High School _____

Yr. Grad. _____

Att. Hrs. _____ Earn Hrs. _____

Divisor _____ Points _____

GPA _____ Prior Hrs. _____

I plan to graduate in May 1992
 GD 001 Graduation Fee = \$20.00+ Total Hours
 GD 000 Cap & Gown Fee = \$25.00+
 + non-refundable

Advisor Signature _____ Student's Initials _____

Please make sure the course number is accurate and complete!
 Actual enrollment is subject to availability of the course and the payment of fees.
EXACT CLASSES ENROLLED IN ARE THE ONES PRINTED REGISTRATION DAY.

EDUC
 3/2/92
 5-15

Dodge City Community College

2501 North 14th Avenue • Dodge City, KS 67801-2399

316-225-1221

In KS: 1-800-742-9519 • Out Of State: 1-800-267-1566

Student Registration/Enrollment Form

Semester/Year Fall <input type="checkbox"/> Spring <input type="checkbox"/> Winter <input type="checkbox"/> Sum I <input type="checkbox"/> Sum II <input type="checkbox"/>	Bill to:	Scholarship/Financial Aid Applied For
---	----------	---------------------------------------

Social Security Number	Name	Address
------------------------	------	---------

Last Name	First Name	Middle Initial or Maiden Name
-----------	------------	-------------------------------

Permanent Street Address	City	State	Zip Code	Home County
--------------------------	------	-------	----------	-------------

Street Address While Attending DCCC	City	State	Zip Code	Phone
-------------------------------------	------	-------	----------	-------

Parent or Spouse Name	Parent or Spouse Phone Number
-----------------------	-------------------------------

Birth City and State	Certification Number or License Number
----------------------	--

High School	Send Grades	Major	Veteran	Gender
-------------	-------------	-------	---------	--------

Home Address	Dodge City Address	Yes <input type="checkbox"/> No <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
--------------	--------------------	--	---

Religion Preference	Birthdate	Marital Status	Ethnic Origin	Age	Residency Began in Kansas
---------------------	-----------	----------------	---------------	-----	---------------------------

High School Graduation Date	DCCC Hours Completed	Other Hours	List Other Institutions Attended
-----------------------------	----------------------	-------------	----------------------------------

Level	Type	Tuition Status	Degree Sought	Have you taken the A.C.T. Test?
-------	------	----------------	---------------	---------------------------------

Classes Registering For			
Line Number	Name of Class	Line Number	Name of Class

* Definition of Non-Degree Seeking: Students who have not received a high school diploma or passed the GED. Non-Degree Seeking students must demonstrate through the DCCC assessment process an ability to benefit from their program of study.

Advisor Signature _____
Date _____

Received 10:10M
ED JC
3/2/92
5-17

MASTER: _____

DATE: _____

STUDENT INFORMATION DATA SHEET AND ENROLLMENT FORM

Social Security Number: _____

Name: _____
(last) (first) (middle)

Maiden Name: _____ Number of Children: _____

Birthdate: _____ Age: _____ Sex: _____ Perm. Telephone No.: _____

Permanent Street Address: _____

Permanent City: _____ Permanent State: _____ Permanent Zip: _____

Marital Status(Married/Single): _____

Ethnic Code(In Compliance With 1964 Civil Rights Act): _____
(A-Asian, B-Black, F-Foreign, H-Hispanic, I-Indian, W-White)

Local Street(Where you live while going to college): _____

Local City: _____ Local State: _____ Local Zip: _____

Local Telephone: _____

Employer: _____ Work Phone: _____

Name of Parent, Spouse or Guardian: _____

Street: _____

City: _____ State: _____ Zip: _____

Relationship: _____
(P-parent, S-spouse, G-guardian)

Have you ever attended FSCC? _____ Class? _____
(1-Fr(1-29hrs), 2-So(30-59hrs), 3-over 64 hours)

Colleges Attended: _____

High School attended: _____ Year Graduated: _____

Do you plan to transfer to a 4 year college? _____

Have you lived in Kansas the past 6 months? _____ Permanent County: _____

EDUC
3/2/92
5-18

ENSION SITE _____

SCHEDULE

COURSE NO.	COURSE TITLE	SEM. HRS.	INSTRUCTOR	TIME	ROOM	(DAYS)							
						N	T	W	R	F	S		
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

AN OFFICIAL TRANSCRIPT FROM HIGH SCHOOL OR LAST COLLEGE ATTENDED MUST BE ON FILE IN REGISTRAR'S OFFICE PRIOR TO ENROLLMENT DAY.

ALL STUDENTS ARE RESPONSIBLE FOR COMPLETING ALL ADD/DROP FORMS FOR ANY CLASSES DROPPED.

I CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature: _____ Date: _____

Advisor's Signature _____ Major: _____

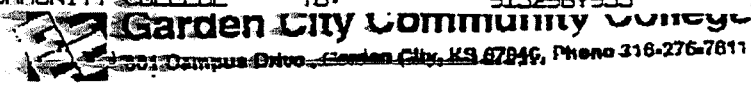
FOR OFFICE USE ONLY

COMPUTER _____
REGISTRAR _____
FINANCIAL AID: P _____ GSL _____ SCH _____

PAID _____
REC NO. _____
CHECK _____
CASH _____

TUITION \$ _____
REG. FEES \$ \$ _____
STU. CTR. \$ \$ _____
MISC. \$ _____
TOTAL \$ _____

EDUC
3/2/92
5-19



Register
Fall
Spring
Summer

Student I.D. # _____ Social Security # _____

Advisor: _____

Name _____
Last First Middle Maiden

Legal Address _____
No. & Street City County State Zip

Phone () _____ College Major or Area of Interest _____

It is the policy of Garden City Community College not to discriminate on the basis of race, color, national origin, sex, age or handicap in its educational programs, activities or employment practices in compliance with Title IX. Inquiries may be addressed to Larry Fowler, Dean of Admissions, Research and Development (GCCC) or Director, Office for Civil Rights, HEW, Washington, D.C. 20501.

Dept. Course No. & Section	Course Title	Instructor	Day	Cr. Hrs.

Do you have other GOCC credit? Yes No When? _____ hours _____

Other College _____ hours _____

Other College _____ hours _____

Circle Sex: Male Female
 This information is confidential: Race (check one)
 White Asian Spanish
 Black Indian Non-Resident Alien
 Birthplace _____
 Date of Birth _____

Are you a Kansas resident? Yes No Date Kansas residence began _____ Legal County of residence _____ Date county residency began _____

GED Graduate Yes No High School from which you did or will graduate _____ City _____ State _____

Do you hold a college degree? Yes No If yes, what type? _____

Signature _____ Date _____
 Applicant's signature for Enrollment and Residence Certification

EDUC
 3/2/92
 5-20



GARDEN CITY COMMUNITY COLLEGE

Enrollment Class Schedule

← SEMESTER
 Fall
 Spring
 Summer
 Intercession

GCCC I.D. No. _____ Social Security No. _____ Date _____

Name _____ Birthdate _____
 (Last) (First) (Middle) (Maiden)

Garden City Address _____ Garden City Phone # _____

Permanent Home Address _____ Home Phone # _____
 Street

City _____ County _____ State _____ Zip _____

Attended GCCC before? Yes _____ No _____ If so, indicate last year attended _____

Other colleges attended (Indicate name and number of hours completed) Degree granted _____

COLLEGE ACTIVITIES

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Football | <input type="checkbox"/> Women's Basketball | <input type="checkbox"/> Men's Track | <input type="checkbox"/> Men's Basketball |
| <input type="checkbox"/> Women's Track | <input type="checkbox"/> Baseball | <input type="checkbox"/> Tennis | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Cross County | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Rodeo | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Cheerleader | <input type="checkbox"/> Drama | <input type="checkbox"/> Student Government | <input type="checkbox"/> Forensics |
| <input type="checkbox"/> Music | <input type="checkbox"/> Yearbook | | |

College Objective: 1 year - certificate 2-year degree 4-year transfer program job related training personal enrichment

Dept.	Course #	Sec.	Course Title	Sem. Hrs.	Instructor	Time	Room	Day						
								M	T	W	T	F		

Total Hours _____ Major _____

Advisor's Signature _____ Student's Signature _____

In order for this enrollment to be valid, tuition and fees must be paid by the last day of registration.

GCCC PRESS

EDUC
 3/2/92
 5-21

APPLICATION FOR ADMISSION

PLEASE PRINT CLEARLY

I wish to enter:

- Fall 19____ Spring 19____ Summer 19____

Social Security Number _____

Name _____ Business Phone _____
(area code)

Permanent Address _____ Home Phone _____
(area code)

Mailing Address _____ City _____ State _____ Zip _____

Address _____ City _____ State _____ Zip _____

Name of parents or legal guardians _____

Address _____ City _____ State _____ Zip _____

Name and telephone number of person to be notified in case of emergency:

Name _____ Phone _____

The following information is needed for state and federal reporting purposes. This information does not affect your status at Highland Community College.

Sex: Male Female Age _____ Date of Birth _____/_____/____

Marital Status: Married Single VA Benefits: Yes No

Are you a citizen of the United States? Yes No

Race or Ethnic Group: Black Am. Indian Asian Hispanic White
 Other _____

Do you have any disability or handicap that may require special services?
 Yes No (optional) Nature of handicap _____

High School _____ Year of Graduation _____

Address _____ City _____ State _____ Zip _____

Name used on H.S. transcript _____

- If you are a High School graduate or graduating high school senior, please request your high school to mail a copy of your official transcript directly to the Office of Student Services.
- If High school was completed by GED (General Education Diploma), please request an official copy of your scores be sent directly to the Office of Student Services.

Have you ever been enrolled at HCC? Yes No

If yes, give last year attended and total hours earned:
 Last date of attendance: Fall 19____ Spring 19____ Summer 19____ Total hours earned: _____

Do you have a college degree? Yes No

If yes, check: Associate degree Bachelor's or higher

Other names that may appear on your transcripts _____

Have you ever taken the ACT Placement Examination? Yes No If yes, when? _____

Give names and addresses of all colleges with dates of attendance. Request EACH INSTITUTION attended to forward an official transcript to the Student Affairs Office.

If none, write NONE		Cr. Hrs. Earned
Name of College	Location	

- HCC EDUCATIONAL OBJECTIVES (✓ only one)**
- 1. Transfer to another college/university.
 - 2. Prepare to enter job market.
 - 3. Improve skills for present job.
 - 4. Explore courses to decide on career.
 - 5. Remedy or review basic skills.
 - 6. Personal interest or self-improvement
 - 7. Prepare to change careers.

- HCC DEGREE INTENTION (✓ only one)**
- Associate of Arts
 - Associate of General Studies
 - Associate of Applied Science
 - Certificate Program
 - Not degree seeking

My intended college major is _____

- Please check all of the following that apply to your present plans for enrollment:
- Day Classes Evening Classes Out-reach On-campus
 - Freshman Transfer Part-time Full-time

May HCC send news releases to your hometown newspaper regarding acceptance, academic progress (Dean's and Honors Lists) and athletic participation and scholarship award?
 Yes No Name of Newspaper _____
 Address _____

In what county do you live? _____ How long have you lived in this county? _____

Previous county of residence: _____

I certify that all the answers I have given in this application are complete and accurate to the best of my knowledge, and if admitted, I agree to observe the rules and regulations of Highland Community College. Further, I give permission to my high school to release information contained in my records to Highland Community College.

Date: _____ Signature _____

- Please check activities in which you would like to participate:
- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Band: Instrument _____ | <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cheerleading |
| <input type="checkbox"/> Choir | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Drama | <input type="checkbox"/> Drill Team |
| <input type="checkbox"/> Forensics | <input type="checkbox"/> Intramurals | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Quiz Bowl |
| <input type="checkbox"/> Scottie Mascot | <input type="checkbox"/> Softball | <input type="checkbox"/> Track & Field | <input type="checkbox"/> Volleyball |
| Others: _____ | | | <input type="checkbox"/> ROTC |
| | | | <input type="checkbox"/> Yearbook |

HOUSING PLANS: College residence hall With parents Other _____

NOTICE OF NON-DISCRIMINATION: Highland Community College is committed to a policy of non-discrimination on the basis of race, age, sex, religion, color, national origin, creed, handicap, marital or parental status, in admissions, educational programs or activities and employment as specified by federal and state laws and regulations.

Complete and return to: Highland Community College
 Office of Student Services
 Highland, KS 66035-0068

TEL No. 913-442-3599
 Feb 27, 92 15:49 No. 003 P. 02
 Highland Comm Coll
 3/2/92
 Educ

HIGHLAND COMMUNITY COLLEGE Enrollment/Registration Form - Term _____

Name: _____ Soc. Sec. #: _____
(First) (Middle) (Last)

Address: _____ Check if different from previous enrollment form. _____

City: _____ County: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____ Place of Employment: _____

(The following information is necessary for state and federal reporting purposes. This information does not affect your status at Highland Community College.)

Date of Birth: _____ Male: _____ Female: _____ U.S. Citizen _____ Marital Status: _____
(Yes or No) (M or S)

Race or Ethnic Group: Black Hispanic American Indian Asian White Other

Have you lived in Kansas for more than 6 months? _____

Graduate of or will graduate from _____ High School in _____
(Year)

Name used on high school transcript _____

College hours taken at HCC: _____ Year: _____ Will you receive Veterans Administration benefits? _____

Do you have a current transcript on file at HCC? _____ HCC Degree seeking? _____ Major? _____

Do you receive financial aid? _____ PELL Grant or GSL? _____

Name of School Other than HCC Attended	Location	Credit Hours Earned	Date Attended

ENROLLMENT DATA:

Location	Course No.	Course Title	Cr. Hrs.	Tuition & Books	Amt. Pd.	Date Pd.

Cash _____ Check _____ MasterCard _____ Visa _____
Card Number: _____ Expiration Date: _____
Name as it appears on card: _____
Amount Received: _____
Remaining Amount Due: _____
Received By: _____

Declaration: If I decide not to attend the semester for which I have enrolled, I will notify the Registrar in writing immediately. If I do not return and fail to notify the Registrar in writing one day before the beginning date of each course, I will be responsible for payment of all fees associated with my enrollment and/or withdrawal in accordance with the Highland Community College Refund Policies. I certify the above information to be correct.

Date Signature

HIGHLAND COMMUNITY COLLEGE - BOX 68 - HIGHLAND, KANSAS 66035 - (913) 442-3236
WHITE: Registrar YELLOW: Business Office PINK: Dean's Office GOLD: Student (after payment)

EDUC
3/2/92
5-23

Highland
Community College

Box 68
Highland, Kansas 66035

Proof of Residence

Date: _____

- 1. Full legal name: _____
(Last) (First) (Middle/Maiden)
- 2. My social security number is: _____
- 3. My legal residence is in: _____ County, State of _____
- 4. Permanent home mailing address: _____
Street & No. or Rural Route
_____ City State & Zip
- 5. How long have you lived in the above county? _____
- 6. Graduate of _____ High School; Date: _____
- 7. Date of birth: _____ Place of birth: _____
Month/Day/Year City/State
- 8. Father's full legal name: _____
His complete legal address: _____
- 9. Mother's full legal name: _____
Her complete legal address: _____
- 10. If parent's addresses differ, explain why: _____
- 11. Have you lived in Kansas for the past six months? _____
- 12. Marital Status: Single _____ Married _____ Separated _____ Divorced _____
If married, give spouse's full legal name: _____
Spouse's permanent address: _____
Date of Marriage: _____

I certify that the information given above is true and correct. Furthermore, I understand that this information is subject to audit of the State Department of Education.

Student's Signature

(over)

EDUC

3/2/92

5-24

(back)

VERIFICATION OF KANSAS RESIDENCY STATUS

Please read the following statement carefully and then sign and return this form with your other admission materials if you are claiming a KANSAS RESIDENCY STATUS.

TO CLAIM KANSAS RESIDENCY

If adult, you must have been a resident of the State of Kansas for six months prior to your registration; or if a minor, your parents must have been residents of the State of Kansas for SIX MONTHS prior to your registration.

You can not gain residency while or during the lapse of time attending a state educational institution as a student, UNLESS,

- (1) In the case of a minor, your parents have become actual residents in good faith of the State of Kansas during such period, or
- (2) In the case of a minor, you have neither lived with nor been supported by your parents for three years or more prior to enrollment and that for those three or more years you have been a resident in good faith of the State of Kansas.

In order for married students to claim Kansas residency, they must have been married and lived in the State of Kansas for SIX MONTHS prior to registration.

I hereby affirm that after reading the above explanation of Section 76-2701 of the Kansas Statutes annotated of the State of Kansas and I qualify as a resident of Kansas.

Signature _____
Date

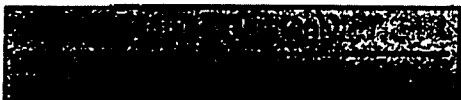
I, a (self-supporting / married) student, moved to Kansas _____
Date

My parents moved to Kansas _____
Date

EDUC
3/2/92
5-25

- From APPLICATION FOR ADMISSION FORM

Social Security Number _____



Date _____

Last name				First		Middle		Other names used in school records	
Home/legal address ()			City		State		Zip		County
Home/legal phone number									
Local address ()			City		State		Zip		()
Local phone number							Business phone		

Residency status:

A. U.S. citizen Yes No If No, check one International student Resident Alien

B. Kansas resident Yes No If Yes, date residence began Mo/Day/Yr

Check here if either your father or your mother graduated from a four year college or university.

Check here if you intend to apply for financial aid.

Check here if you are interested in college dormitory housing.

List any extra curricular activities in which you desire to participate. _____

Optional: To help the college comply with the Civil Rights Act of 1964, please identify your ethnic origin:

1. _____ American Indian 4. _____ Spanish Surnamed American

2. _____ American Oriental 5. _____ African American

3. _____ Caucasian (White) 6. _____ Other _____

Disability _____ Check here if you want the Office of Student Support Services to contact you about your needs and the available services.
(Type of disability)

Gender: Male _____ Female _____ Date of birth: _____
Month Day Year

Person to contact in case of emergency:

Name	Relationship	Telephone
Address		
City		State Zip

EDUC
3/2/92
5-26

SEMESTER

Hutchinson Community College

APPLICATION AND ENROLLMENT FORM

(PLEASE PRINT AND PRESS FIRMLY)



Date: _____

Social Security No. _____ Legal Name: _____
Last First MI Previous Name: _____

Have you attended _____

Legal Address: _____
Street or RFD City State Zip Country Daytime Phone: _____
Evening Phone: _____

Check one: _____ Entering College for the First Time; _____ Former HOC Student -- Last Date of Attendance: _____
_____ Transfer Student; _____ Current -- attended last semester (If current, proceed to enrollment form below.)

Date of Birth: _____ Sex: Male _____ Female _____ Marital Status: Single _____ Married _____ Divorced _____ Separated _____

To help in compliance with the Civil Rights Act of 1964, please identify your race:
American Indian _____ Caucasian (White) _____ Black American (Negro) _____
American Oriental _____ Spanish Surnamed American _____ Foreign Student _____

High School Attended or GED Center: _____
List all colleges attended: _____
COLLEGE NAME City State Graduation Date: _____

DATE ATTENDED _____ GRADUATION DATE & DEGREE _____ ESTIMATE OF COLLEGE CREDIT HOURS EARNED _____

NOTICE: THIS FORM IS CURRENTLY BEING REVISED -

I hereby certify that this information is true and correct to the best of my knowledge

ENROLLMENT:

COURSE ID.	8925	COURSE TITLE	HRS.	DAYS	INSTRUCTOR
IE: EN101 - 011 -					
-					
-					
-					
-					

Check if applicable
 Audit Staff / Spouse
 High School Senior / Gifted Age 60 or Over
 Visiting Student IIR, No. _____
 Contract Price \$ _____ / Credit Hour

Faculty Signature: _____

Office Use Only:

EDUC
3/2/92
5-27
Adviser: _____

Fees
Tuition Amount Paid _____ Date: _____
Special Fees _____ Initials: _____
Textbook Amount Paid _____

STUDENT INFORMATION CHANGE FORM

Social Security Number: _____

Name records are currently under: _____
Last First M.I.

New name: _____
Last First M.I.

Old address: _____
Street Address City State County Zip

New address: _____
Street Address City State County Zip

Signature _____

This applies to:
College Address _____
Legal Address _____

Date change effective: _____

(HUTCHINSON CO.)

EDUC
3/2/92
5-28

ATTACH LABEL HERE

ENROLLMENT FORM

ENROLLMENT FORM FOR ASSOCIATE IN ARTS DEGREE ONLY

IF INFORMATION ON ABOVE LABEL IS INCORRECT, MAKE CHANGES BELOW

Social Security #: _____

Name: _____
 (Last) (First) (Initial) (Other)

Legal Address: _____
 (Street) (City) (State) (Zip) (County)

Date: _____

Semester: _____

FACULTY SIGNATURE: _____

Assigned Advisor: _____

Curriculum: _____ Code: _____

Legal Phone: _____

Residence: _____ In-State _____ Out-State _____ Foreign _____

_____ Attending MCC for the first time

_____ Not currently enrolled, but have previously attended Hutchinsan Community College

_____ Transfer Student

_____ Currently enrolled at MCC

_____ Auditing _____ Contract Courses

_____ Visiting Student _____ NCF Student

_____ High School Senior/Gifted _____ 60 & Over

_____ Staff/Spouse

	COURSE ID & TERM CODE	BRIEF COURSE DESCRIPTION	CREDIT HR	INSTRUCTOR NAME
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
P				
Q				

MON/WED/FRI GRID TO AVOID CONFLICTS

HR	6:50	8:00	9:10	10:20	11:30	12:40	1:50	3:00	4:10
M									
W									
F									

TUES/THUR GRID TO AVOID CONFLICTS

HR	8:00	9:40	11:30	1:10	2:50	4:30
TU						
TH						

CONFLICTS:

5-29
3/2/92
BDUC



INFORMATION FORM
Independence Community College
Independence, KS 67301

Semester: Fall 19__ Spring 19__ Summer 19__

SOCIAL SECURITY NO. _____

NAME: _____	TODAY'S DATE _____
LAST. FIRST MIDDLE MAIDEN	

MAILING ADDRESS: _____	HOME _____
STREET CITY STATE ZIP	PHONE NUMBER _____

LEGAL ADDRESS: _____

STREET CITY STATE ZIP

BILLING ADDRESS: _____

STREET CITY STATE ZIP

ARE YOU A U.S. CITIZEN? YES ___ NO* ___ ARE YOU A PERMANENT RESIDENT? YES ___ NO ___

PLEASE INDICATE ALIEN REGISTRATION NUMBER AND DATE _____

*If you are not a U.S. citizen or a permanent resident you will need to complete an *Application for International Undergraduate Admission*. Please contact the International Student Office for a copy.

ARE YOU A RESIDENT OF KANSAS? YES ___ NO ___	
KANSAS COUNTY YOU RESIDE IN _____	DATE KS RESIDENCY BEGAN ____/____/____ DATE COUNTY RESIDENCE BEGAN ____/____/____

NEW STUDENT ___ FRESHMAN ___ SOPHOMORE ___ HIGH SCHOOL SPECIAL ___ POST GRADUATE ___

FORMER STUDENT ___ PLAN TO GRADUATE THIS SEMESTER YES ___ NO ___ (64 HRS)

FEMALE ___ MALE ___ VETERAN YES ___ NO ___ ATTENDING UNDER V.A. EDUCATIONAL BENEFITS YES ___ NO ___

BIRTHDAY _____ BORN _____

MONTH DAY YEAR CITY STATE

HIGH SCHOOL _____

YEAR GRADUATED H.S. NAME CITY STATE

NAME AND RELATIONSHIP OF NEXT OF KIN _____

ADDRESS _____

STREET CITY STATE ZIP ()

PROPOSED TRANSFER COLLEGE _____ CAREER INTEREST _____

EDUC
 3/2/92
 5-30

Are you now in college? Yes ___ No ___ Have you ever been in college? Yes ___ No ___

Please indicate names and addresses of all colleges previously attended or now attending. Official transcripts from all previous colleges are required for admission. Official transcripts must be sent directly by mail from the Registrar's Office of each institution previously attended to the Registrar's Office, P.O. Box 708, Independence, KS 67301

OTHER COLLEGES ATTENDED	NAME	CITY	STATE	HOURS	YRS	FROM--TO

DEGREE INTENTION

ASSOCIATE OF APPLIED SCIENCE ASSOCIATE OF ARTS ASSOCIATE OF SCIENCE
 ASSOCIATE OF GENERAL STUDIES CERTIFICATE PROGRAM NOT DEGREE SEEKING

INDEPENDENCE COMMUNITY COLLEGE EDUCATION OBJECTIVES (CHECK ONE ONLY)

Transfer to a 4 Year College/University Remedy or Review Basic Skills
 Prepare To Enter Job Market Personal Interest Or Self Improvement
 Improve Skills For Present Job Prepare To Change Careers
 Explore Course To Decide On Career

THE FOLLOWING INFORMATION IS REQUIRED FOR STATISTICAL PURPOSES:

RACE (Optional)	IF ONE OF THESE AGENCIES REFERRED YOU (Optional)	CIRCLE ANY DISADVANTAGE (Optional)
01 American Indian	01 JTPA	01 Limited English
02 Black Not of Hispanic Origin	02 Vocational Rehabilitation	02 Economically Disadvantaged
03 Asian of Pacific Islander	03 Welfare	03 Academically Disadvantaged
04 Hispanic	04 Veterans Administration	
05 Caucasian And All Others	05 Social Security	
06 International Student	06 Bureau of Indian Affairs	
	07 Correctional Institutions	
	08 Non-Profit Private Schools	
CIRCLE ANY HANDICAP (Optional)	Did either parent attend colleg?	YES ___ NO ___
01 Mentally Retarded	Does either parent have a Bachelor's Degree?	YES ___ NO ___
02 Learning Disability	Did Either of your parent's attend ICC?	YES ___ NO ___
03 Emotionally Disturbed	Are you the first in your family to attend college?	YES ___ NO ___
04 Orthopedic Handicap	Are you or will you be receiving financial aid?	YES ___ NO ___
05 Visual Handicap	Do you reside at home with your parents?	YES ___ NO ___
06 Hearing Handicap		
07 Speech Impaired		
08 Deaf		

I certify that the information on this form is correct and complete. I understand the transcripts from high school and all colleges attended must be on file with the Registrar before I will be eligible for credit. All records submitted to the college in the admissions process become the property of Independence Community College and will not be returned to the student.

SIGNATURE _____ DATE _____

OFFICIAL USE ONLY:

Tuition Amount Paid _____ Textbooks _____ Performing Grant _____ Academic _____
 Special Fees _____ Activity Fees _____ Staff _____ Athletic _____ Fees _____ Industrial Employee _____
 Credit Hour _____ Date: _____

Faculty Signature: _____ Notes/Comments: _____

EDUC
3/2/92
5-31

Tuition Amount Paid _____ Textbooks _____ Performing Grant _____ Academic
Special Fees _____ Activity Fees _____ Staff _____ Athletic _____ Fees _____ Industrial Employee _____
Credit Hour _____ Date: _____

Faculty Signature: _____ Notes/Comments: _____

Initials _____ TOTAL AMOUNT PAID _____

EDUC
3/2/92
5-32

JCCC

Johnson County Community College
Admissions and Records Office
12345 College at Quivira
Overland Park, KS 66210-1299
(913) 469-3803

Application for Admission

1. This application form is to be used by U.S. citizens or permanent residents only. There is a separate application and information packet for international applicants.
2. Answer all questions. **DO NOT LEAVE ANY QUESTIONS BLANK**, unless marked "optional."
3. Contact the Admissions and Records Office at all colleges or universities you have attended and request an **OFFICIAL** transcript sent directly to the JCCC Admissions and Records Office. This does not apply if you hold a bachelor's degree or higher and are not seeking a degree at JCCC.
4. If you graduated from high school within the past five years, have your high school send your official transcript directly to the JCCC Admissions and Records Office. This is not applicable if you have completed at least 15 credit hours at another college.
5. There is no application fee.
6. Admission to JCCC does **NOT** guarantee enrollment in any specific course or program. The nursing, dental hygiene, interpreter training, MICT, respiratory therapy and paralegal programs have a special application packet. Consult the credit schedule (published each semester) for registration procedures, tuition rates, dates and other enrollment and course information.
7. Return this application to:
Admissions and Records Office, 151 GEB
Johnson County Community College
12345 College at Quivira
Overland Park, Kansas 66210-1299

NOTE: All credentials submitted in support of this application become and remain the property of JCCC.

Application for Financial Aid

- Submit a completed JCCC Application for Admission to the Admissions and Records Office.
- Secure the appropriate financial aid application from Student Financial Services, 170 GEB.
- Submit the completed financial aid application to Student Financial Services by May 1 for fall semester and by Nov. 1 for spring semester.

Class Schedule Information

Check the credit schedule available from the Admissions and Records Office. This schedule is mailed each semester to every Johnson County household.

Registration for Classes

You are encouraged to use early telephone registration, which is open to students who are currently enrolled or who have submitted an application for admission to JCCC. It is held during November and December for the spring semester, April and May for the summer session and June and July for the fall semester. The exact times and dates you may register are listed in the credit schedule. You may be required to take an assessment test before registering for classes.

On-campus registration is held the week before classes begin. The exact times and dates you may register are listed in the credit schedule.

EDUC
3/2/92
5-33

Application for Admission

Applicant Information

Please Print Name

Last First Middle Maiden/Other Names

Soc. Sec. # Sex: Male Female Date of Birth Mo/Day/Year

Current Street Address City State ZIP

Permanent Street Address (if different from current) City State ZIP

Day Telephone Number Evening Telephone Number

Person We May Contact in Case of an Emergency:

Last Name First Name Relationship to Student

Street Address City State ZIP Day Tel. Number Evening Tel. Number

First Language: English Other

Ethnic Code* 1 Asian or Pacific 2 Am. Indian or Alaskan Native 3 Black 4 Hispanic 5 Caucasian 6 Other

Disability* Type: Check here if you wish to have the Office of Special Services contact you regarding your needs and available services.

* This information is used to monitor compliance with several federal and state statutes. You are not obligated to respond and if you do, your responses will not affect your admission.

Residency Information

A. Citizenship: U.S. Citizen Permanent Resident (Alien Registration # A) Country of Birth

Non-resident Alien (STOP HERE. Contact the Admissions Office for a foreign Student Application packet.)

B. Are you a legal resident of Kansas? No Yes If "yes," please provide the following information:

1. On what date did your residence begin? Since Birth or Since Month/Day/Year

2. In what Kansas county do you currently live? _____

3. When did your residence in this county begin? Month/Day/Year

4. If you have lived in this county less than six months, what was your previous address?

Street Address City State ZIP How long did you live at this address?

C. Are you a member of the armed forces, or a dependent of a member of the armed forces, stationed in Kansas? No Yes

D. Are you a full-time employee of JCCC, or the dependent of a full-time employee at JCCC? No Yes

E. Please check one of the following:

Living with parents, dependent on parents' tax return.

Living with parents, independent adult.

Not living with parents, dependent on parents' tax return.

Independent adult, since Month/Year

Registration Information

Have you previously attended credit classes at JCCC? No Yes If "yes," for what semester and year?

Semester you are now applying for: Fall (August) Spring (January) Summer (June) Year: 19

Application status: New Freshman Transfer Visiting

Special: Quick Step Program Affiliate/Cooperative Program Name of affiliate career program

KCRCHE

Financial Aid: Check here if you intend to apply for financial aid.

Office Use Only

DOB _____

County _____

Marital S M S

Country _____

Citizenship U R Y

Residency 1 2 3 4 5 7

Tags F J N P T O

Dead/Und _____

Transf In _____

Regist Hold _____

DST _____

Adm Cl _____

Residency (Same as DOB) _____

Student Stat _____

Intent _____

Program selected _____

Change Mail _____

DAP _____

Date _____

Form _____

Finan Aid _____

High Sch Code _____

High Sch Date _____

_____ Y Y M M

Eye Phone _____

Former Name _____

DSP Y N

DCI _____

AST Y (M/AI) or N (NR/NA)

AFC Y N

Spide Prog _____

Coded by _____

_____ 2 ALL _____

Oper/Date _____ Oper/Date _____

EDUC
3/2/92
5-34

Educational Information

High School Office Use Only

High School Name _____ City _____ State _____ County (if Kansas) _____

Have you graduated from high school? No: Anticipated Date of Graduation: _____ Yes _____
 Month / Year

Have you taken the GED? No Yes When? _____ At JCCC? No Yes
 Month / Year

If you have been out of high school less than five years and do not have 15 college credit hours, or if you are presently in high school, ask your high school to send an official transcript to JCCC's Admissions and Records Office. Hand-carried copies are not acceptable.

College

List in chronological order all colleges attended, including JCCC:

Name of college or university	Location (City and State)	Dates		Credit Hours Earned	Degree Earned	Office Use Only	
		From Month/Year	To Month/Year				

You are responsible for requesting that each school you have attended send an official transcript to JCCC. If all transcripts are not submitted, you will not be allowed to re-enroll after your first semester. If you are currently enrolled at another institution, have your transcript sent at the end of the semester with the current semester's grades included. Hand-carried copies are not acceptable.

Educational Objectives at JCCC

- Are you seeking a degree or certificate at JCCC? No Yes Please check the appropriate "program intent" in #3.
- Check the one that best describes your current objective at JCCC:
 - Transfer to another college/university 1
 - Improve skills for present job 3
 - Remedy or review basic skills 5
 - Prepare to change careers 7
 - Prepare to enter job market 2
 - Explore courses to decide on career 4
 - Personal interest or self-improvement 6
 - Undecided 8
3. Program intent (Check only one)

Program Name	Degree(s) Code Offered						
<input type="checkbox"/> Undecided (no major)	99	<input type="checkbox"/> Data Processing, Computer Applic Technol	CP	73	<input type="checkbox"/> Interior Merchandising	AT	57
<input type="checkbox"/> General Studies to transfer to college/university	AA	<input type="checkbox"/> Dental Hygiene	AS*	23	<input type="checkbox"/> Interpreter Training	AT*	59
<input type="checkbox"/> Accounting	AT	<input type="checkbox"/> Drafting Technology - Civil	AS	24	<input type="checkbox"/> Marketing and Management	AT	62
<input type="checkbox"/> Administration of Justice	AA	<input type="checkbox"/> Drafting Technology - Machine	AS	25	<input type="checkbox"/> Medical Records Technology	AT**	04
<input type="checkbox"/> Automotive Repair	CP	<input type="checkbox"/> Electronic Engineering Technology	AS	27	<input type="checkbox"/> Metal Fabrication	CP	85
<input type="checkbox"/> Automotive Technology	AT	<input type="checkbox"/> Emergency Medical Science	AS	29	<input type="checkbox"/> Mobile Intensive Care Technology	CP*	86
<input type="checkbox"/> Aviation Maintenance Technology - Airframe	AI**	<input type="checkbox"/> Emergency Medical Technology	AT	48	<input type="checkbox"/> Nursing	AA*	14
<input type="checkbox"/> Aviation Maintenance Technology - Power Plant	AT**	<input type="checkbox"/> Emergency Services Dispatcher	CP	76	<input type="checkbox"/> Nursing	AS*	35
<input type="checkbox"/> Biomedical Equipment Technology	AS	<input type="checkbox"/> Equine Studies	AT	51	<input type="checkbox"/> Occupational Therapy Assistant	AT**	05
<input type="checkbox"/> Business Administration	AT	<input type="checkbox"/> Fashion Merchandising	AT	52	<input type="checkbox"/> Office Careers - Administrative Office Mgmt.	AT	41
<input type="checkbox"/> Chef Apprenticeship	AT	<input type="checkbox"/> Fire Prevention	AS	30	<input type="checkbox"/> Office Careers - Administrative Secretary	AT	58
<input type="checkbox"/> Chemical Specialty	AS	<input type="checkbox"/> Fire Protection	CP	79	<input type="checkbox"/> Office Careers - Legal Secretary	CP	98
<input type="checkbox"/> Chemical Specialty	AT	<input type="checkbox"/> Fire Protection	AS	31	<input type="checkbox"/> Office Careers - Medical Secretary	AT	57
<input type="checkbox"/> Civil Engineering Technology	AS	<input type="checkbox"/> Fire Protection	CP	80	<input type="checkbox"/> Paralegal	AA	54
<input type="checkbox"/> Commercial Art	AT	<input type="checkbox"/> Fire Protection Administration	AS	32	<input type="checkbox"/> Paralegal	CP	89
<input type="checkbox"/> Computer Systems Technology	AS	<input type="checkbox"/> Heating, Ventilation and A/C	AT	50	<input type="checkbox"/> Physical Therapy Assistant	AT**	06
<input type="checkbox"/> Data Processing	AT	<input type="checkbox"/> Heating, Ventilation and A/C	CP	78	<input type="checkbox"/> Police Academy (for active duty officers only)	CP	88
<input type="checkbox"/> Data Processing - Mini/Micro	CP	<input type="checkbox"/> Hospitality Management	AT	53	<input type="checkbox"/> Radiology Technology	AI**	07
<input type="checkbox"/> Data Processing, Advanced	CP	<input type="checkbox"/> Hospitality Management	CP	82	<input type="checkbox"/> Respiratory Therapy	AS*	37
		<input type="checkbox"/> Information/Word Processing	AT	55	<input type="checkbox"/> Respiratory Therapy	CP*	91
		<input type="checkbox"/> Inform/Word Proc., Office Automation Technol	CP	87	<input type="checkbox"/> Sales and Customer Relations	CP	87
					<input type="checkbox"/> Veterinary Technology	AT**	01

AA - Associate of Arts (2-year degree program) AI - Associate of Applied Science (2-year degree program)
 AS - Associate of Science (2-year degree program) CP - Certificate Program (these programs vary from one semester to two years)
 * These programs are "colective admission" programs. Additional requirements must be met for acceptance to these programs. If you are interested in one of these, notify the Admissions and Records Office as soon as possible.
 ** These programs are offered in cooperation with the Metropolitan Community College District in Kansas City, Mo. If you are interested in one of these, you must also apply to the Metropolitan Community colleges.

I certify that the information given is correct and complete. I understand that submission of false information and/or failure to submit supporting transcripts is grounds for denial of admission, re-enrollment or immediate suspension if enrolled. If accepted as a student at JCCC, I agree to abide by the rules and regulations of the college regarding conduct and other obligations. JCCC does not print a student directory; however, student telephone numbers and addresses may be obtained at selected sites on campus. If you do not want others to have access to this information, contact the Admissions and Records Office.

Signature of Student _____ Date _____

EDUC
 3/2/92
 5-35

JOHNSON COUNTY COMMUNITY COLLEGE CHANGE OF NAME AND/OR ADDRESS FORM

** Press firmly so that all copies are legible **

This form must be filled out completely and signed. Forms without signatures will not be processed.

DATE: _____ SOCIAL SECURITY NUMBER: _____

Please check one:

- Living with parents, Dependent of parents on tax return
- Not living with parents, Dependent of parents on tax return

- Living with parents, independent:
- Independent adult, since: _____

Parent's residence: _____
(city) (state)

College Major: _____

Are you currently enrolled? 1 year no

NEW ADDRESS AND/OR NAME

(If no, last semester enrolled): _____

Name: _____
(last) (first) (middle or maiden)

Street: _____ City: _____ State: _____ ZIP: _____

County: _____ Day Phone: _____ Date of Occupancy: _____
Month/Day/Year

OLD ADDRESS AND/OR NAME

Name _____
(last) (first) (middle or maiden)

Street _____ City _____ State _____ ZIP _____

County _____ Phone _____ How long at this address? _____
Mos./Yrs.

OFFICE USE ONLY
CRT date _____
Operator _____

I certify the information on this form is correct.

(signature) (date)

Distribution: white, address file; yellow, student file; pink, name change file; goldenrod, student financial services file
5103-17

ED JC
3/2/92
5-36

Kansas City Kansas Community College

APPLICATION FOR ADMISSION/READMISSION

1 INDICATE ONE: New Student (No application fee required) Readmission to KCKCC

2 SOCIAL SECURITY/STUDENT NUMBER:

3 NAME _____
 Last First Middle
 Other names that may appear on previous transcripts _____
 Last First Middle

4 CURRENT ADDRESS _____
 Number & Street Apt. City State Zip County
 Kansas Resident (must have resided in Kansas continuously for last 6 months)? Yes No
 If residence at the current address less than 6 months, list previous address:

 Number & Street Apt. City State Zip County
 Length of residence at this address? _____ to _____

5 TELEPHONE NUMBER (Home): () - _____
 (Business): () - _____

6 U.S. CITIZEN? Yes No -
 Resident Alien? Yes* No
 (*show resident card)

7 SEMESTER OF ANTICIPATED ENROLLMENT: Fall Spring Summer 19_____

8 CHECK ONE: First time college student
 Transferring from another or returning to KCKCC

9 PLANNING TO ENROLL IN: Day Classes Evening Classes
 Freshman (0 to 30 hours) Sophomore (31 to 64 hours) Over 64 credit hours

10 CHECK ONE:
 High-School Graduate High School Attended _____ State _____ Grad Date _____
 GED Test Completion Date _____/_____/_____ (Where taken) _____
 Currently Attending High School Name of High School _____
 Dual Enrolled (H.S. & KCKCC)
 None of the above Contact Director of Admissions

11 LIST ALL COLLEGES ATTENDED, including KCKCC: (list most recent first)

Name of College	Location	Dates of attendance	Number of hours earned

If seeking a degree or certificate, official transcripts of all colleges attended are required.

(Please complete on reverse side)

EDUC
 3/2/92
 5-37

REASON FOR ATTENDING KCKCC (Check One):

- 1. Enroll in Liberal Arts and/or Transfer to a 4-year College/University B
College you will transfer to, if known _____
- 2. Enroll in Career/Occupational Courses or Program (2-yr) Degree T
- 3. Enroll in classes for Personal Enjoyment only P
(Students checking #3 are not eligible for federal financial aid)

13 DEGREE OBJECTIVE AT KCKCC (Check One):

- A. Associate (2-yr) Degree
- B. Voc. Certificate (1-yr)
- C. No Degree

14 ANTICIPATED MAJOR OR AREA OF INTEREST. (If none, mark "Undecided/General Studies". Check Only One):

- | | | |
|---|--|--|
| <input type="checkbox"/> 060201 Accounting | <input type="checkbox"/> 439999 Hazardous Materials | <input type="checkbox"/> 182001 Pre-Vet. Medicine |
| <input type="checkbox"/> 170401 Addiction Counseling | <input type="checkbox"/> 470201 Heating & Refrig. (AVTS) | <input type="checkbox"/> 420101 Psychology |
| <input type="checkbox"/> 179999 Allied Health, Other | <input type="checkbox"/> 450801 History | <input type="checkbox"/> 181025 Radiology/X-Ray Tech. |
| <input type="checkbox"/> 070201 American Institute of Banking | <input type="checkbox"/> 190101 Home Economics | <input type="checkbox"/> 170816 Recreation Therapy |
| <input type="checkbox"/> 040101 Architecture | <input type="checkbox"/> 470301 Industrial Maint. (AVTS) | <input type="checkbox"/> 170818 Respiratory Therapy |
| <input type="checkbox"/> 470603 Auto Body Shop (AVTS) | <input type="checkbox"/> 090101 Journalism | <input type="checkbox"/> 170819 Respiratory Therapy Tech. |
| <input type="checkbox"/> 470604 Auto Mechanics (AVTS) | <input type="checkbox"/> 430107 Law Enforcement | <input type="checkbox"/> 150405 Robotics Tech. (KCKCC) |
| <input type="checkbox"/> 070201 Banking & Related | <input type="checkbox"/> 240101 Liberal Arts | <input type="checkbox"/> 131205 Secondary Education |
| Financial Prog's, General | <input type="checkbox"/> 240199 Liberal Arts (PACE) | <input type="checkbox"/> 070601 Secretarial, 2-yr Prog. |
| <input type="checkbox"/> 260101 Biology, General | <input type="checkbox"/> 170699 Long Term Care Admin. | <input type="checkbox"/> 070699 Secretarial, 1-yr Prog. |
| <input type="checkbox"/> 070101 Business, General | <input type="checkbox"/> 480503 Machine Shop (AVTS) | <input type="checkbox"/> 440701 Social Work |
| <input type="checkbox"/> 460201 Carpentry (IBC) | <input type="checkbox"/> 270101 Math | <input type="checkbox"/> 450101 Sociology |
| <input type="checkbox"/> 400501 Chemistry | <input type="checkbox"/> 170310 Medical Technology | <input type="checkbox"/> 130101 Special Education |
| <input type="checkbox"/> 200203 Child Care Education | <input type="checkbox"/> 080705 Mid-Management | <input type="checkbox"/> 479999 Technical Trades |
| <input type="checkbox"/> 170514 Chiropractic | <input type="checkbox"/> 120301 Mortuary Science | <input type="checkbox"/> 090601 Telecommunications |
| <input type="checkbox"/> 070701 Clerical, 1-yr Program | <input type="checkbox"/> 500901 Music | <input type="checkbox"/> 240102 Undecided/Gen. Studies |
| <input type="checkbox"/> 480203 Commercial Art | <input type="checkbox"/> 181101 Nursing | <input type="checkbox"/> 0799992 Word Processing, 1-yr Prog. |
| <input type="checkbox"/> 070305 Computer/Information Science | <input type="checkbox"/> 181199 Nursing, BA Prog. | <input type="checkbox"/> 070801 Word Processing, 2-yr Prog. |
| & 2-yr Data Processing | <input type="checkbox"/> 070401 Office Management | |
| <input type="checkbox"/> 470104 Computer Technology | <input type="checkbox"/> 079999 Office Technology Management | |
| <input type="checkbox"/> 110301 Data Processing, 1-yr Prog. | <input type="checkbox"/> 220103 Paralegal | |
| <input type="checkbox"/> 480101 Drafting Technology | <input type="checkbox"/> 360108 Physical Education | |
| <input type="checkbox"/> 500101 Drama, Theater, & Art | <input type="checkbox"/> 400101 Physical Science, General | |
| <input type="checkbox"/> 450601 Economics | <input type="checkbox"/> 170813 Physical Therapy | |
| <input type="checkbox"/> 470101 Electronics (AVTS) | <input type="checkbox"/> 451001 Political Science & Govt. | |
| <input type="checkbox"/> 150303 Electronics Tech. (KCKCC) | <input type="checkbox"/> 089999 Postal Service Admin. | |
| <input type="checkbox"/> 131202 Elementary Education | <input type="checkbox"/> 020101 Pre-Agriculture | |
| <input type="checkbox"/> 170205 Emergency Mobile Tech. (EMT) | <input type="checkbox"/> 060101 Pre-Business | |
| <input type="checkbox"/> 230101 English & English Lit. | <input type="checkbox"/> 181701 Pre-Dental | |
| <input type="checkbox"/> 430203 Fire Science | <input type="checkbox"/> 140101 Pre-Engineering | |
| <input type="checkbox"/> 200504 Floral Design | <input type="checkbox"/> 220102 Pre-Law | |
| <input type="checkbox"/> 160101 Foreign Language | <input type="checkbox"/> 181801 Pre-Medicine | |
| <input type="checkbox"/> 480201 Graphic Arts (AVTS) | <input type="checkbox"/> 181901 Pre-Pharmacy | |

15 ADDITIONAL REASONS FOR ATTENDING KCKCC? (Check all that may apply)

- A Preparation for a new job or career
- B Upgrading of skills for a present job or career
- C Improvement of English, Math, or Reading skills
- D Participation in a program for a specific company

16 OPTIONAL INFORMATION: 1) White 2) Black 3) Hispanic 4) Asian/Pacific Islander
5) American Indian 6) International Student Male Female Date of Birth _____/_____/_____

17 CHECK TO RECEIVE INFORMATION ON SERVICES FOR STUDENTS WITH DISABILITIES:

Kansas City Kansas Community College is committed to a policy of educational equity. Accordingly, the College admits students, grants financial aid and scholarships, conducts educational programs, activities, and employment practices without regard to race, color, religion, sex, national origin, age, marital status, ancestry, or disabilities. Any person having inquiries concerning College compliance with regulations implementing Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, or Section 504 of the Rehabilitation Act of 1973 is directed to contact Dr. Patricia W. Carverhart, Assistant to the President, Kansas City Kansas Community College, 7250 State Avenue, Kansas City, KS 66112, Telephone 334-1100, Ext. 111.

I hereby certify that the information provided above is complete and correct. I UNDERSTAND THAT IF I HAVE CHECKED THAT I AM ENROLLED FOR PERSONAL ENJOYMENT, ONLY (Questions #12, Item #3, above), I WILL NOT BE ELIGIBLE FOR FEDERAL FINANCIAL AID.

Date submitted: _____/_____/_____

(signature)



This application should be submitted to:
Kansas City Kansas Community College
Office of Admissions
7250 State Avenue
Kansas City, Kansas 66112

EDUC
3/2/92
5-38

OFFICIAL USE ONLY
 RESIDENCY CODE
 1 IN DISTRICT 2 OUT DISTRICT 3 OUT STATE
 5 FAC EXEC 6 SENIOR CITIZEN
 ADVISOR NAME

**LABETTE COMMUNITY COLLEGE
 PARSONS, KANSAS 67357
 ENROLLMENT FORM**

INSTRUCTIONS: PLEASE CHECK INFORMATION PRINTED IN THE BOXES. IF INCORRECT OR MISSING, PLEASE PRINT OR MARK CORRECTIONS IN THE SAME BOX. ENTER THE CLASS SCHEDULE ON THE BACK OF THIS FORM.

1 SOC SEC NO		2 LAST NAME			3 FIRST NAME				
4 MAIDEN NAME				5 BIRTHDATE		6 AGE		7 <input type="checkbox"/> UNMARRIED <input type="checkbox"/> MARRIED	
8 CIVIL RIGHTS INFORMATION (CHECK THE CATEGORY WHICH BEST APPLIES TO YOU COLLECTED IN COMPLIANCE WITH THE 1984 CIVIL RIGHTS ACT)			1 NATIVE AMERICAN INDIAN		4 SPANISH AMERICAN		7 SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		10 NUMBER OF CHILDREN
9 COLLECTED IN COMPLIANCE WITH THE 1984 CIVIL RIGHTS ACT			2 BLACK		5 WHITE				
11 ADDRESS WHILE ATTENDING LCC STREET			12 CITY						
13 STATE		14 ZIP		15 PHONE		16 PHONE THAT YOU CAN BE REACHED 8:00 A.M. TO 4:00 P.M.			
17 PERMANENT ADDRESS STREET					18 CITY				
19 STATE		20 ZIP		21 PHONE		22 COUNTY			
23 AFFIDAVIT OF RESIDENCY - I hereby certify that I am a permanent resident of _____ county in the state _____ I have lived in this county and state named since _____ I was born _____ months my previous address was _____ Signature _____									
24 NEXT OF KIN NAME (LAST, FIRST)					25 PHONE		26 ZIP		
27 STREET					28 CITY		29 STATE		
30 FIRST TIME ANY COLLEGE		31 FORMER LCC STUDENT		32 COLLEGE TRANSFER STUDENT		33 COLLEGE HOURS COMPLETED		34 HIGH SCHOOL SENIORMORE ABOVE 27 HOURS 3 SPECIAL ABOVE 64 HOURS 4 HIGH SCHOOL STUDENT	
35 MAJOR CODE OR ALPHA OF INDIAN (SEE BACK OF FORM)				36 YEAR GRADUATED FROM HIGH SCHOOL YEAR		37 THIS YEAR RECEIVED A GRAD 1 YES 2 NO		38 YEAR RECEIVED	
39 HIGH SCHOOL OR GP SITE					37 CITY		38 STATE		
39 COLLEGE NAME (LAST ATTENDED)					40 CITY		41 STATE		

42 LINE NO.	43 COURSE NO.	44 TITLE	45 CR	46 TIME	47 DAYS	48 ROOM	49 INSTRUCTOR

It is the student's responsibility to complete a drop form for all classes dropped.

Student Signature _____ Date _____ Advisor's Signature _____

PAYMENT METHOD: SCHOLARSHIP BEOG (PELL GRANT)
 PROMISSORY NOTE STUDENT
 OTHER _____

Employer Name _____
 Employer Address _____
 Are you the: EMPLOYEE DEPENDENT
 EDUC

SESSION FALL SPRING SUMMER YEAR 19__

3/2/92
 5-39

Please complete the application form, and fold and return to NCCC.

NEOSHO COUNTY COMMUNITY COLLEGE
APPLICATION FOR ADMISSION
(Please Print)

OFFICE USE ONLY
Advisor _____

Personal Information

Legal Name _____ SS# _____
Last First MI All Former Last Names

Legal or home address _____ Phone () _____
Street City State Zip

Address while attending NCCC _____ Phone () _____

Business Phone () _____ You can contact me there Yes No

Date of Birth: ____/____/____ Age ____ Sex: 1. Male single 3. Female single
 2. Male married 4. Female married

Ethnic Background: 1. American Indian 3. Hispanic 5. White
 2. Black 4. Oriental

Sex, age, marital status, and ethnic group are not used for admission purposes, but are used for reporting statistical data.

Are you a veteran? Yes No Will you be using VA benefits? Yes No

Next of kin _____ Relationship _____

Next of kin's legal address _____
Street City State Zip

Residency Status

U.S. Citizen Yes No If no, what country? _____

Are you a resident of Kansas? Yes No If no, what state? _____

In what county in the State of Kansas do you currently live? _____

What date did you become a resident of the above Kansas county? ____/____/____

IF LESS THAN SIX MONTHS COMPLETE THE FOLLOWING: Previous county (must be six continuous months or more) _____

Date of residency: From ____/____/____ to ____/____/____

Address _____
Street City State Zip

NCCC Educational Objectives (X only one)

1. Transfer to another college/university.
 2. Prepare for future job.
 3. Improve skills for present job.
 4. Explore courses to decide on career.
 5. Improve basic skills.
 6. Personal interest or self-improvement.
 7. Other _____

NCCC DEGREE INTENTION (X only one)

1. Associate Degree
 2. Certificate program
 3. Non-degree seeking

Financial Aid (optional)
 Do you plan to apply for financial aid?
 Yes No

Academic Information

I will be majoring in _____

I plan to enroll for the following term: ____ Fall 19____; ____ Spring 19____; ____ Summer 19____

Have you previously enrolled in NCCC credit classes? Yes No Month ____ Year ____

High School from which you graduated _____

Date of H.S. graduation: Month ____ Year ____ If GED give year ____ If you did not graduate list last grade completed ____

College Classification: H.S. Freshman - Below 25-hours Sophomore - 25 hours or over Over 64 hours

List colleges attended in order of attendance. Failure to report all colleges attended may result in an enrollment delay.

Name of School	City	State	From Month/Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the above information is correct and complete. I understand the transcripts from high school and all colleges attended must be on file with the office of admissions and records.

Date _____ Signature _____

POLICY STATEMENT ON EQUAL OPPORTUNITY: Neosho County Community College, Chanute, KS does not discriminate on the basis of race, color, national origin, sex, age or handicap in admission or access to, or treatment or employment in its programs and activities. If you have questions regarding the above, please contact: Homer Bearrick, Title IX and Section 504 Coordinator at above address.

EDUC
3/2/92
5-40



Committed to Student Success

Pratt Community College/ Area Vocational School

Office of the Registrar Residency Statement

1. _____
Name of Student Age Date of Birth

2. _____
Kansas Address City State Zip

3. _____
County of Residence 4. _____
Date You Moved to KS

5. In which Kansas County is your car registered? _____

6. Kansas drivers license number: _____
(MUST BE COMPLETED IN ORDER TO PROCESS IN STATE RESIDENCY PROCEDURE.)

7. If you paid real estate or personal property tax, give the name of the Kansas County in which tax was paid _____

8. If you are employed, give the location of your employment _____
City State

9. If you are a registered voter, give the name of the Kansas County where you are registered _____

10. Other information you consider significant:

"I claim to be a resident of _____"
City State County

Signature of Student _____

Date _____

EDUC
3/2/92
5-42



SEWARD COUNTY COMMUNITY COLLEGE

BOX 1137

Liberal, Kansas 67901

(316) 824-1961

APPLICATION FOR ADMISSION

GENERAL DIRECTIONS: PLEASE PRINT IN INK AND FILL IN ALL SPACES. PLEASE BE SURE THAT YOU SIGN THE BOTTOM OF THIS APPLICATION. PLEASE REQUEST YOUR HIGH SCHOOL AND/OR COLLEGE TO SEND A TRANSCRIPT OF YOUR GRADES TO SCCC. STUDENTS WHO HAVE PREVIOUSLY ATTENDED SCCC NEED NOT REAPPLY.

Semester of Registration
Fall _____ Spring _____ Summer _____ Year 19 _____

Today's Date _____ / _____ / _____
MONTH DAY YEAR

Social Security No. _____

Telephone No. _____

Legal Name _____
LAST FIRST MIDDLE MAIDEN

Birth Date _____ Birth Place _____
MONTH DAY YEAR CITY STATE

Marital Status: Single _____ Married _____
Divorced _____ Widowed _____
Ethnic Origin: (I consider myself)
_____ Black Amer. _____ Spanish Amer.
_____ Indian Amer. _____ White Amer.
_____ Oriental Amer. _____ Other

Sex: Female _____ Male _____

Are you a resident of Kansas? Yes _____ No _____ If yes, how long? _____ / _____
MONTH YEAR

Addresses: State both and place a cross (X) in box for address to which mail and grades should be sent.

_____ STREET CITY STATE ZIP CODE COUNTY

Permanent _____

College () _____
(If different)

Parent, Spouse or Guardian Name: _____

High School Attended: _____ City STATE Graduated () yes () no Date _____
If GED _____ year YEAR

Other Colleges Attended _____ Major Area of Study _____

Final Degree Objective: 2 4 Yr. None
Yr. or Above

NAME DATES ATTENDED CREDIT HOURS

- Degree Plans at SCCC:**
- () 1. Associate of Arts
 - () 1. Associate of Science
 - () 3. Associate of Applied Science
 - () 4. Certificate Program

- Admission Status:**
- () 1. First time any college
 - () 2. Transfer credit (attended other college)
 - () 3. Attended SCCC last semester for credit
 - () 4. Readmit - previously attended SCCC for credit
Last semester and year of attendance _____

I HEREBY AUTHORIZE THE COLLEGE TO RELEASE MY ACADEMIC RECORDS TO AUTHORIZED PERSONS WHO MAY INQUIRE ABOUT THEM UPON MY REQUEST AND TO OBTAIN SCHOOL RECORDS AS NEEDED.

Applicant's Signature _____ Date _____

EDUC
3/2/92
5-43