

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

PROGRAM ENROLLED IN _____ **INSTRUCTOR** _____

PART-TIME (If part time check which session) AM PM **or** **FULL-TIME** 1st year **or** 2nd year

STUDENT INFORMATION (PLEASE PRINT)

NAME: _____
Last _____ First _____ Middle _____

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

Date of Birth: _____ **Age:** _____ **Tribal Affiliation:** _____

FILL IN YEAR YOU COMPLETED EACH EDUCATION LEVEL)

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

DISABILITY STATUS

Do you have a disability, which requires reasonable accommodations to perform the essential skills of the program? No Yes → **IF YES,** it is your responsibility to provide documentation and notify your instructor and/or the Disability Services Coordinator (Building 100 room 107).

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

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

Single Parent Limited English Displaced Homemaker Migrant

CIVILIAN or MILITARY STATUS

Civilian Active Duty Dependent National Guard Previous Military Service Retired

E-MAIL ADDRESS: _____

HOME ADDRESS: _____ HOME PHONE: _____

CITY: _____ STATE: _____ ZIP: _____ CELL PHONE: _____

Will you accept school related texts on your cell phone No Yes, if yes who is your CELL PROVIDER? _____

What is your School District of Residence?: _____

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

EMPLOYER NAME: _____ WORK PHONE: _____

IN AN EMERGENCY, NOTIFY:

1) _____ RELATIONSHIP: _____ PHONE: (____) _____

2) _____ RELATIONSHIP: _____ PHONE: (____) _____

PERMISSION FOR EMERGENCY MEDICAL CARE

- I give permission for Great Plains Technology Center to administer necessary first aid in the event of an emergency.
- Should an injury or illness occur, I want GPTC to seek help for me at the hospital or clinic of my choice, I understand that I will assume all financial responsibility for that treatment. *Indicate here the hospital you prefer to be taken to:* _____

STUDENT HANDBOOK

Initial Here _____ I have attended an orientation session covering the "Student Handbook" for 2023-2024

Initial Here _____ I understand and agree to abide by the policies, procedures, and statements presented.
The handbook may be reviewed at <https://www.greatplains.edu/handbook/>

Initial Here _____ I have received a voter registration form from Great Plains Technology Center.

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

Great Plains Technology Center does not discriminate on the basis of race, color, national origin, religion, gender, gender expression, sexual orientation, gender identity, or qualified disability or veteran's status in admission to its programs, services, activities or access to them, in treatment of individuals, or in any aspect of the Technology Center's operations.

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

Student Signature _____ Date _____

GPTC Instructor Signature _____ Date _____