

# KCTC Enrollment Form

## Sending School Information

District *	School *	Contact Name *	Phone *
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

## Student Information

First Name *	Last Name *	Middle Initial
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Birthdate *	Gender *	Birthplace *
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Street Address *		
<input style="width: 95%;" type="text"/>		
City *	State *	Zip *
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Home Phone	Parent/Guardian Email Address	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Resident District *	Student UIC Number	HS Student Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Grade when classes start *		
<input style="width: 95%;" type="text"/>		

Ethnicity \*

<input type="checkbox"/> American Indian or Alaska native	<input type="checkbox"/> Asian American	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White

ELL \*      If yes, please enter primary language

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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Spec Ed *	Primary Disability	Additional Disability	Current GPA
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

## Parent / Guardian Information (at least one parent/guardian relationship must be entered)

Relationship *	First Name *	MI	Last Name *	Daytime Phone *	Ext
Mother	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Father	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Guardian	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

## Course Requests (must enter at least one)

Preference Number *	Session *	Program *
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

\* Denotes a required field Counselor/Guardian Signature: \_\_\_\_\_

Once completed, please fax form to (616) 447-8136.

**NOTE:** A student is not officially enrolled until the KCTC Enrollment Office notifies you in writing.