Garden City Community College

High School Concurrent/Dual-Credit Enrollment Application

☐ ***NEW STUDENT*** ☐ ***RETURNING STUDENT***

Semester/Year: **FALL** 20_____ **SPRING** 20_____ **SU**MMER 20_____

GRADE LEVEL: ☐SOPHOMORE ☐JUNIOR ☐SENIOR ☐OTHER_____ ***GENDER***: ☐ M ☐ F

High School Site: ***Anticipated Graduation Month/Year:*** _____

☐ **Deerfield** ☐ **Dighton** ☐ **Garden City** ☐ **Healy** ☐ **Holcomb**
☐ **Lakin** ☐ **Leoti** ☐ **Scott City** ☐ **Syracuse** ☐ **Tribune**

APPLICANT INFORMATION:

DATE: _____ **GCCC ID or SOCIAL SECURITY NUMBER**: _____ **DATE of BIRTH**_____

LEGAL NAME: _____
Last Name First Name MI

PERMANENT ADDRESS: _____
NO. & Street PO Box City State & Zip

PRIMARY PHONE: _____ **IS THIS A CELL PHONE? ☐ YES ☐ NO** **☐ NO TEXTS PLEASE**

EMAIL ADDRESS_____

DATA USED FOR OPTIONAL STATISTICAL INFORMATION ONLY:

Are you Hispanic or Latino? ☐YES ☐ NO **RACE:** ☐African American or Black ☐ American Indian or Alaska Native ☐ Asian

☐Native Hawaiian or Other Pacific Islander ☐White ☐Other_____

RESIDENCY INFORMATION:

Are you a U.S. Citizen**: ☐YES ☐NO If **NO, what is your status**?_____ Resident Alien Card No. _____
**Citizenship is used to determine tuition rate.

Kansas Resident: ☐YES ☐NO **County**: _____ **Six (6) months prior to enrollment**: ☐YES ☐NO

Previous State: _____ **Date Kansas Residency began**_____

COURSE REGISTRATION:

I wish to enroll in the following courses at GCCC:

Course	Section No.	Title	Instructor	Credit Hours

☐ I have taken the ACCUPLACER test and I am recommended for the GCCC course(s) above.
☐ The ACCUPLACER test is not required for the GCCC course(s) above.

Applicant's signature for Enrollment and Residence Certification-*Upon signing this form, I understand and agree to the policies and procedures of Garden City Community College. I understand withholding information requested on this form, or giving false information may make me ineligible for enrollment or continuation at Garden City Community College. I certify that all the statements on this application are correct and complete. I agree to abide by the rules and regulations of the College.*
The College reserves the right to refuse release of student's transcript or degree for failure to comply with enrollment requirements or to pay accounts due at the College.

_____ _____
STUDENT SIGNATURE ***DATE*** ***ADVISOR SIGNATURE*** ***DATE***

SECTION 1>>>>PARENT SIGNATURE REQUIRED

I have read and understand all parts of this document. I agree to allow this student to take the GCCC course(s) listed above. By allowing student to enroll in GCCC courses, I understand that I will be responsible for all tuition and fees incurred.

PARENT SIGNATURE _____ DATE _____

(PLEASE COMPLETE THE SECTION THAT APPLIES)

SECTION 2>>>>SOPHOMORE, JUNIOR or SENIOR (10TH, 11TH, or 12th Grade) STATUS STUDENT

I HEREBY CERTIFY THAT THE ABOVE NAMED STUDENT IS ENROLLED IN AT LEAST GRADE 10 AT - _____HIGH SCHOOL AND IS RECOMMENDED FOR ENROLLMENT IN COLLEGE COURSES AS AUTHORIZED BY KANSAS BOARD OF REGENTS AND THE COOPERATIVE AGREEMENT BETWEEN U.S.D. _____ AND GARDEN CITY COMMUNITY COLLEGE.

SIGNATURE, HIGH SCHOOL PRINCIPAL _____ DATE _____

SECTION 3>>>>GIFTED PROGRAM STUDENT

I HEREBY CERTIFY THAT THE ABOVE NAMED STUDENT IS CURRENTLY ENROLLED IN GRADE 9 AT _____ SCHOOL, HAS BEEN SPECIFICALLY STAFFED AS "GIFTED", AND IS RECOMMENDED FOR ENROLLMENT IN COLLEGE COURSE(S) AT GARDEN CITY COMMUNITY COLLEGE. **A copy of the student's Individual Education Plan (IEP) is attached hereto and made a part of this authorization.**

SIGNATURE, HIGH SCHOOL PRINCIPAL _____ DATE _____

SOCIAL SECURITY NUMBER NOTICE

In accordance with Privacy Act of 1974, applicants for admission and enrolled students are advised that the requested disclosure of their Social Security numbers to Admissions is voluntary. Students are notified however that according to federal regulations, the Social Security number is the only identifier for grants and/or financial assistance including the 1098T tax credits. The student's Social Security number will not be disclosed to individuals or agencies outside Garden City Community College except in accordance with institutional policy on student records.

ADA/EQUAL ACCESS

Garden City Community College is complying with the Americans with Disabilities Act, and is committed to equal and reasonable access to facilities and programs for all employees, students and visitors. Those with ADA concerns, or those who need special accommodations, should contact Kari Adams, Accommodations Coordinator, Garden City Community College, 801 Campus Drive, Garden City, KS 67846, 620-276-9638, accomodations@gcccks.edu.

TITLE IX NON-DISCRIMINATION/ ANTI-HARASSMENT/ EQUAL OPPORTUNITY

Garden City Community College does not discriminate against applicants, employees or students on the basis of race, religion, color, national origin, sex, pregnancy, age (40 or older), disability, height, weight, marital status, sexual orientation, genetic information or other non-merit reasons, or handicap, nor will sexual harassment or retaliation be tolerated, in its employment practices and/or educational programs or activities. Harassment is prohibited based on race, color, age, sex, religion, marital status, national origin, disability, veteran's status, sexual orientation or other factors which cannot be lawfully considered, to the extent specified by applicable federal and state laws. The Title IX Coordinator oversees the college's efforts to comply with Title IX. Students concerned about the above should contact Tammy Tabor, 620-276-9508, Student and Community Services Center, 801 Campus Dr., Garden City, KS 67846, and employees with concerns may contact Kellee Munoz, Director of Human Resources, 620-276-9574, Student and Community Services Center, 801 Campus Dr., Garden City, KS 67846, compliance@gcccks.edu.