

STUDENT INFORMATION

Legal First Name: _____ Birth Date: _____ Sex: M F
 Legal Last Name: _____ SS#: _____
 Address: _____ Home Phone: _____
 City/State/Zip: _____ Work Phone: _____
 Citizenship: U.S.A. Other: _____ Cell Phone: _____
 E-mail Address: _____ OK to Text: Yes No
 Best Way to Contact: Call Text E-mail Facebook Messenger
 Ethnic Background: American Indian/ Alaskan Native Asian/Pacific Islander Black/ Non-Hispanic
 White/ Non-Hispanic Hispanic Other: _____
 Marital Status: Single Married Divorced Widowed Separated Maiden Name: _____
 Spouse: _____ Cell Phone: _____ Work Phone: _____

Have you ever been arrested for, charged with or convicted of criminal conduct, a misdemeanor or a felony*: Yes No

*May affect licensure/credentialing

SCHOLARSHIPS & PRIOR LEARNING ASSESSMENT (life or experience credit)

- | | |
|---|--|
| <input type="checkbox"/> Recent High School Graduate (within 60 days) | <input type="checkbox"/> On-the-Job Training in Related Field of Study |
| <input type="checkbox"/> Recent GED Recipient (within 60 days) | <input type="checkbox"/> Experience in Related Field of Study |
| <input type="checkbox"/> Veteran or Active Duty | <input type="checkbox"/> Volunteer Work |
| <input type="checkbox"/> Military Spouse | <input type="checkbox"/> Online Courses/MOOCs/Independent Study |
| <input type="checkbox"/> Alumni from CCC/CSC/OTC | <input type="checkbox"/> Workshops |
| <input type="checkbox"/> Spouse or Child of Alumni from CCC/CSC/OTC | <input type="checkbox"/> Professional Licenses or Credentials |
| <input type="checkbox"/> 55 or Over | <input type="checkbox"/> Classes at Other Colleges |
| | <input type="checkbox"/> Formal or Informal Apprenticeships |

Are you seeking assistance through any state/federal agency?

- Workforce Oklahoma Vocational Rehab Native American VA DHS Other:

CURRENT EMPLOYER

Company Name: _____ Phone: _____
 Dates Employed From: _____ To: _____ Position: _____

EDUCATION

<input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Not Yet Year Received: _____ High School Attended: _____	All other Colleges, Vocational, or Technical schools attended: 1. _____ Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. _____ Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
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PROGRAMS OF INTEREST (see back page for full listing of programs)

1. _____ 2. _____ 3. _____ 4. _____
 Interested in Associates of Occupational Science Degree? Yes No

Who can we thank for referring you to the College? _____

If you were not referred, how did you hear about the College? _____

Future Student Signature: _____ Date: _____

Parent Signature: (if applicable): _____ Date: _____

College Official: _____ Date: _____

Program List

Community Care College	Clary Sage College
Accounting Specialist	Barber
Business and Industry Management	Barber to Cosmetology Crossover
Dental Assisting	Basic Cosmetology
Early Childhood Education	Cosmetology to Barber Crossover
Fitness and Health Trainer	Esthetician
Health Care Administration	Fashion Design
Medical Assistant	Interior Design
Medical Billing & Coding	Makeup Artistry/Cosmetician
Paralegal Studies	Massage Therapy
Surgical Technologist	Master Instructor
Veterinary Assistant	Master Instructor with Experience
	Nail Technician
Oklahoma Technical College	
Automotive Technology	
Diesel Technology	
Heating Ventilation & Air Conditioning/Refrigeration	
Welding Technology	

To be filled out at the time of enrollment:

EMERGENCY CONTACTS (Other than spouse)		
Name:	Relation:	Home Phone:
Address:	City/State/Zip:	Cell Phone:
Email Address:		
Name:	Relation:	Home Phone:
Address:	City/State/Zip:	Cell Phone:
Email Address:		