

Use blue or black ink – please print.

Name _____ Last 4 digits of SS# _____
First MI Last
 Physical Address _____ Mailing Address _____
 City _____ County _____ Zip Code _____ Email Address _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Course Interest _____ a.m. _____ p.m. _____ evening _____
 Will you need accommodations in order to successfully participate in the assessment process? Yes No

Office Use Only

KeyTrain Date _____ TABE Date _____ Counseled Yes No

Essay Questions

Please respond to the following questions.

- How did you hear about Autry Technology Center? Mark all that apply.

a. _____tour/sophomore orientation	e. _____newspaper
b. _____friend	f. _____radio ad
c. _____counselor	g. _____relative
d. _____teacher	h. _____employer/co-worker
	i. _____other _____
- What are your career interests?
- How did you decide on your program choice? Mark all that apply.

a. _____tour/sophomore orientation	e. _____newspaper
b. _____friend	f. _____radio ad
c. _____counselor	g. _____relative
d. _____teacher	h. _____employer/co-worker
	i. _____other _____

Program Costs – How will you be paying your tuition?

Autry Scholarship (13th 14th 15th) Cash Check Company Billing Credit Card Financial Aid OHLAP

Program	Approximate Tuition Cost	Approximate Books/Supplies Cost
_____	_____	_____

Payment Due Dates: 8/12/2010 _____ 10/18/2010 _____ 1/4/2011 _____ 3/21/2011 _____

College credit is available for students who wish to earn college credit toward an associate degree.

Signature of Student _____ **Date** _____

NONDISCRIMINATION POLICY

Autry Technology Center does not discriminate on the basis of sex/gender, race, color, religion, disability, age, national origin, or veteran status. Autry Technology Center no discrimina en bases de sexo, raza, color, religión, incapacidad, edad, origen de nacionalidad y estado de civil.

Student Information (Not required until admitted)

Date of Birth _____ Gender _____ Race _____

Vehicle Tag # _____ Place of Employment _____ Work Phone _____

FOR FEDERAL STUDENT AID ELIGIBILITY: If you have neither a high school diploma nor a GED, you will be required to take a federally approved test and attain a federally mandated score to show ability to benefit from the program.

High School Attended _____ Graduation Year _____ or Year Received GED _____

Check here if you do not have a high school diploma or a GED.

Have you previously attended Autry Technology Center as an adult student: Yes ___ No ___

Have you attended any school as an adult student? Yes ___ No ___ If yes, will you be transferring hours? Yes ___ No ___

Educational Level (check highest level achieved):

____ Less than a high school diploma ____ Technical Degree ____ Master's Degree
____ High school graduate/GED ____ Associate's Degree ____ Doctorate Degree
____ Some college, no degree ____ Bachelor's Degree

Please indicate if any of the following may apply to you:

____ Autry Tech Foundation ____ Disadvantaged ____ Limited English Proficiency
____ Bureau of Indian Affairs ____ Federal Pell Grant ____ Scholarship
____ Dept. of Rehabilitative Services ____ Income Below Poverty Level ____ TANF
____ Dept. of Veterans Affairs ____ Insurance ____ WIA
____ Disability

Will you need accommodations or modifications in order to successfully perform the essential functions of the occupational program in which you are enrolling? Yes No If yes, please describe. _____

Special health information which we should know pertaining to you: (Medications, Illnesses, etc.)

Doctor's Name _____ Doctor's Phone # _____ Hospital Preference _____

Emergency Contact Name #1 _____

Contact's Home # _____ Contact's Work # _____ Contact's Cell # _____

Emergency Contact Name #2 _____

Contact's Home # _____ Contact's Work # _____ Contact's Cell # _____

Permission for Emergency Medical Care

I hereby give permission to Autry Technology Center to obtain emergency medical care for any serious injuries incurred by the above named student while at school or on a school-sponsored activity. I understand billing for said medical care will be my responsibility. Subject to the forgoing provisions, I agree to hold harmless without fault Autry Technology Center, all officials or administrators there, and any instructor or other school representative for any injury to me (in the case of an adult student) or my child/student (if student is under age 18) which may arise out of or in the course of participation in activities involving the course of study in which the student is enrolled. This release is subject, in all respects, to The Governmental Tort Claims Act.

Signature of Student _____ Date _____

Office Use Only

Course(s) Enrolled _____ am ___ pm ___ evening _____

Course(s) Enrolled _____ am ___ pm ___ evening _____

Student's Start Date _____ Block Time (if applicable) _____

Counselor's Initials _____ Date _____