

Getting to Know You



STUDENT INFORMATION

First Name: _____ Birth Date: _____ Sex: ☐ M ☐ F

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 Year Received: _____	All other Colleges, Vocational, or Technical schools attended:
High School Attended: _____	
IEP Participation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

1. _____ Did you graduate? ☐ Yes ☐ No

2. _____ Did you graduate? ☐ Yes ☐ No

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 Administration		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		Hair Braiding Technician	
Medical Billing & Coding		Interior Design	
Paralegal Studies		Makeup Artistry/Cosmetician	
Pharmacy Technician		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:
Name:	Relation:	Home Phone:
Address:	City/State/Zip:	Cell Phone:
PERSONAL REFERENCES (Other than Emergency Contact)		
Name:	Relation:	Home Phone:
Address:	City/State/Zip:	Cell Phone:
Name:	Relation:	Home Phone:
Address:	City/State/Zip:	Cell Phone: