

# 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: _____ High School Attended: _____ IEP Participation? <input type="checkbox"/> Yes <input type="checkbox"/> No	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:
Name:	Relation:	Home Phone:
Address:	City/State/Zip:	Cell Phone: