

GATEWAY COMMUNITY AND TECHNICAL COLLEGE

Entered by: _____

Date: _____

Enrolled Student Information Form

Student ID #: _____

Check if Name Change

New

Update

_____ (date)

Section I – Current Information (**please print**)

NAME: _____ / _____ / _____ / _____
Last First Middle Maiden

ADDRESS: _____ / _____ / _____ / _____
Number & Street City State County Zip

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____ ext. _____

SOCIAL SECURITY NO: _____ / _____ / _____ BIRTHDATE: ____ / ____ / ____ ACADEMIC PLAN: _____

HIGH SCHOOL: _____ Name _____ City _____ State _____ Date Graduated _____

GED: Date Received: _____ Check if In-Progress

Section II – Information required for full Federal Program Support (check all that apply)

ARE YOU A KCTCS EMPLOYEE? YES NO

RACE: American Indian Asian African-American Hispanic White Other _____

SEX: Female Male (please specify)

Did your parent(s) attend college? Yes No

OTHER: (Information supplied at the right will be kept confidential and will be used only when combined with other student data to strengthen college eligibility for certain types of Federal Funds)

Single Parent
 Single Pregnant Woman
 Displaced Homemaker

Section III – VERY IMPORTANT – Emergency contact information:

Person to Contact: NAME: _____ ADDRESS: _____
Street City State Zip

RELATIONSHIP: _____ PHONE: _____ / _____
Home Work

Person to Contact: NAME: _____ ADDRESS: _____
Street City State Zip

RELATIONSHIP: _____ PHONE: _____ / _____
Home Work