Student’s Name:

2018 – 2019   
Adult Application Form



Chisholm Trail Technology Center  
283 State Highway 33  
Omega, Oklahoma 73764

405.729.8324 or 800.608.8324

fax: 405.729.8335

| Chisholm Trail Technology center2018 – 2019 Adult Enrollment form | | | | | |
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| Applicant Information | | | | | |
| Student’s Full Name: | | | | | |
| Date of birth: | SSN: | | | Gender: Male Female | |
| Current address: | | | | | |
| City: | State: | | | ZIP Code: | |
| Phone Number: | | Email: | | | |
| Career Tech Class Level: 1st yr 2nd yr 3rd yr | | Circle Session: AM PM Full Day | | | |
| Name of previous post-secondary, area of study, and date(s) attended (includes CTTC): | | | | | |
| *Please Note: Students not residing in and/or attending high school in the Chisholm Trail Technology Center School District must pay out-of-district tuition.*  *Please Note: Chisholm Trail Technology Center’s Daytime programs and activities are not available to a registered sex offender under Oklahoma’s Sex Offender’s Registration Act.* | | | | | |
| Emergency and Follow-up Contact Information | | | | | |
| Primary Emergency Contact Name: | | | | | |
| Address: | | | Relationship to student: | | |
| City: | State: | | | ZIP Code: | |
| Cell #: | Home #: | | | Work #: | |
| Email: | | | | | |
| |  |  |  | | --- | --- | --- | |  | Student | Primary Contact | | Text |  |  | | Cell Phone |  |  | | Home Phone |  |  | | Email |  |  |   We may use some, or all, of the following ways to contact you in an emergency and occasionally for events. Please mark the ways you would like to be contacted. Standard text message rates may apply based on your cell phone plan. | | | | | |
| Will you be requesting financial assistance? Yes No *If yes, please check the assistance you will be requesting:*  Pell Grant Veteran’s Benefits Vocational Rehabilitation BIA/Concho WIA  Workman’s Compensation Oklahoma’s Promise Senior Tuition Waiver  Other:  Sponsoring Industry: *If employer is paying for, reimbursing or allowing time off to attend work-related instruction.*  Name and address of employer: | | | | | |
| Additional Information | | | | | |
| Please check indicating that permission is granted to Chisholm Trail Technology Center:  Yes No To transfer and/or release student’s confidential information contained in any/all portions of the student’s records to educational institutions, present or prospective employers, social service agencies, mental health professionals, or sponsoring agencies deemed appropriate. I understand this authorization will continue until revoked in writing and delivered to the CTTC Counselor.  Yes No To use this student’s name, photograph, voice or video image on promotional/instructional/educational materials and websites, school presentations, interactive television, and publication of honors and awards. All claims for compensation for such use are waived. | | | | | |
| **AN ENROLLMENT FEE OF $20 IS DUE UPON SUBMISSION OF THIS APPLICATION.** | | | | | |
| *Student: I have read and understand this enrollment packet and will comply with all CTTC rules and policies.*  Signature of Student/Applicant: | | | | | Date: |

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| Career Majors | | | | |
| Automotive services Technology | | Digital Technologies, Inc. | | Health Careers Certification |
| Automotive Services Technician  995 hours | | Full-Charge Bookkeeper  960 hours | | Basic Medical Assistant (Back Office)  795 hours |
|  | | Administrative Assistant  600 hours | | Nursing Assistant  542 hours |
| CABINETMAKER | | Medical Office Assistant (Front Office)  900 hours | | Multi-Skilled Aide  651 hours |
| Cabinetmaker (AM only)780 hours | | Digital Information Specialist  960 hours | | Registered Medical Assistant  1050 Hours  *Adults Only-Full Day Enrollment recommended.* |
|  | | Graphic Design Specialist  840 hours | |  |
| Cosmetology | | Desktop Publishing/Graphic Designer  600 hours | | Practical Nurse (PN)  1463 hours |
| Cosmetologist  1500 hours | |  | |  |
| Esthetician (if space is available)  600 hours | | Welding | | Computer Repair & Networking |
| Master Instructor  1000 hours | | Combination Welder  900 hours | | Computer Network Technician  1020 hours |
| Nail Technician (if space is available)  600 hours | |  | | Network Security Professional  1260 hours |
| Please check the following information to be utilized for Student Accounting purposes: | | | | |
| 1. **Gender**   Male  Female   1. **Spanish Descent**   Yes  No   1. **Citizenship**   Yes, U.S. citizen  No, Citizen Status | 1. **Race Codes**   *(Check all that apply.)*  American Indian or  Native Alaskan  Asian  African American  Hispanic  Caucasian | | 1. **Marital Status**   Single  Married  Divorced  Separated  Legally Separated  Widowed  Married, Spouse Disabled | 1. **Education Level**   Less than High School Degree  HS Graduate Date:  School:  GED: State Date:  Some College, No Degree  Technical Diploma  Highest College Degree  Associate Bachelor  Master Doctorate |
| 1. **Economic Disadvantage**   (Receive assistance)  Free/Reduced Lunch  Food Stamps  Medicare/Medicaid  Social Security Income  Workforce Investment Act (WIA)  Unemployed  Temporary Aid for Needy Families (TANF)  Grants (need-based)  PELL Grant (Federal Financial Aid)  Poverty Level (DHS and Dept. of Commerce)  Other: | | 1. **Disability**   Not Disabled  Mental Retardation  Hearing Impaired   (includes deafness)  Visually Impaired   (includes blindness)  Seriously Emotionally Disturbed  Orthopedically Impaired  Other Health Impaired  Specific Learning Disability  Autism  Head Injury | | 1. **Other Special Groups**   Limited English Proficiency  Dropout, Potential Dropout   1. **Dependent Children**   Names and ages:  Is student a single parent?  Yes No  Is student a displaced homemaker?  Yes No |
| non-discrimination policy Chisholm Trail Technology Center does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. Inquiries concerning this policy may be directed to Ronda Simpson, Principal; Judy Schaffler, Business Manager; or Paul Hursh, BIS Director.  Chisholm Trail Technology Center, 283 State Hwy 33, Omega, OK 73764. Telephone: (405) 729-8324. | | | | |
| **Steps for Post-Secondary (Adult) Applicants**   1. Complete and sign all portions of the Adult Application Form. 2. Provide official government issued photo identification. (Example: current Driver’s License) 3. Provide 2 official copies of high school and college transcripts or GED Certificate. 4. Set up assessments with CTTC 405.729.8324  * Take Interest Assessment and Academic Assessment (except PN, Pre-Nursing, and TANF applicants). * Pre-Nursing Applicants: Applicants are required to sit for the PN TEAS VI assessment prior to enrollment. There is a $55 fee to sit for the assessment which is given the first Tuesday of each month. * Practical Nursing Applicants: Submit the PN application instead of this application. You will be required to take the TEAS VI Assessment, once all parts of the application are received at CTTC. * TANF Applicants: Submit results for Career Ready 101/KeyTrain Pre-assessments, and COPS/CAPS/COPES Interest Inventory.  1. Meet with CTTC Counselor/CTTC Instructor as requested. 2. Complete and sign Adult Enrollment Form upon acceptance to the career major. 3. Financial Aid Applicants:  * Applicants must complete the FAFSA application online @ [www.fafsa.gov](http://www.fafsa.gov)   Chisholm Trail Technology Center’s Federal School Code is **030511**   * Contact our Financial Aid Office with questions or assistance.  1. Meet with Student Account Manager for payment or to set up a payment plan. | | | | |

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| **FOR OFFICE USE ONLY** |
| Date Application Received: Start Date:  Student Status: Regular Probationary Provisional  CTTC Class Level: 1st year 2nd year 3rd year  CTTC Counselor Verification: |
| CTTC Staff: Please initial and date any information entered below. |
| **Delayed Start -** Start Date: Total Hours Enrolled: |
| **Advanced Standing Credit**  - # of Original Career Major Hours: # of Advanced Standing Hours Awarded: |
| Total # of Hours to Complete Career Major: |
| Origin of Advanced Standing Hours: |
| **Dropped Prior to Year End** - Drop Date: Reason for Dropping: |
| **Leave of Absence (LOA)**LOA Start Date: |
| Anticipated Return Date: Return Date: |
| Non-Consecutive Days of Leave (if applicable): |
| Reason for LOA: |
|  |
| **Competencies/Completion** - Competencies Earned: |
|  |
| Completion of Competencies Date: |
| Career Major Completed: |
| Completion Date: |
| **Notes/Additional Comments** - |
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