

# KASKASKIA COLLEGE

## CCC Student Admissions Form

Kaskaskia College Admissions - 27210 College Road - Centralia IL 62801

For Office Use Only		Date Received:	Student ID:	Enrollment Spec:
<b>Please Print Clearly in Black or Blue Ink ONLY</b>				
1 Complete Legal Name (Last Name / First Name / Middle Initial / Suffix)			2 Alias	
3 Permanent Home Physical Mailing Address (Street Number / Street Name / Apt / PO Box if applicable)				
PO Box 7711				
4 City	5 State	6 Zip Code	7 County of Residence	
Centralia	IL	62801	999	
8 Social Security #	9 Birth Date	10 Reg #	11 Enrollment Status	
			<input type="checkbox"/> First time in college	<input type="checkbox"/> Prior KC Student
			<input type="checkbox"/> Transfer	
<b>The information collected in this section is used to comply with federal and state reporting requirements.</b>				
12 Hispanic or Latino Ethnicity <input type="checkbox"/> Yes <input type="checkbox"/> No				
13 Race (Select all that Apply)			14 Gender	
<input type="checkbox"/> American Indian or Alaska Native			<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			<input type="checkbox"/> White	<input checked="" type="checkbox"/> Male
15 Primary Race/Ethnic Group (Select One):				
<input type="checkbox"/> American Indian or Alaska Native			<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White
<b>Program of study:</b>				
<input type="checkbox"/> COOK.0505 - Culinary 1		<input type="checkbox"/> COOK.0508 - Culinary 3		<input type="checkbox"/> CNTR .500 - Basic Construction
<input type="checkbox"/> COOK.0510 - Culinary 2		<input type="checkbox"/> CMCS.0552 - CommercialCustodial		<input type="checkbox"/> CNTR.501 - Construction Occup
18 Year to Begin	19 Semester to Begin	20 Military Status		
20 _____	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	<input type="checkbox"/> Yes a Veteran <input type="checkbox"/> No, not a Veteran		
21 Educational Goal		22 Citizenship		
<input type="checkbox"/> To complete Course(s) (no cert/deg)		Are you a U.S. Citizen?		
<input type="checkbox"/> To Complete a Certificate		<input type="checkbox"/> Yes		
<input type="checkbox"/> To Complete an Associate Degree		<input type="checkbox"/> No-Citizenship Country _____ Visa Type _____		
23 Highest Educational Level Received ( Mark one )		24 First Generation Status		
<input type="checkbox"/> None		<input type="checkbox"/> Certificate	<input type="checkbox"/> Professional	One of my parents has at least a four year degree.
<input type="checkbox"/> High School		<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Doctoral	<input type="checkbox"/> Yes
<input type="checkbox"/> GED		<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Other	<input type="checkbox"/> No
<input type="checkbox"/> Some College		<input type="checkbox"/> Master's Degree		
25 Last High School Attended		26 List name of College/University, City, State Attended		
Name:				
City: _____ State: _____				
27 High School Diploma Status ( Mark only one and your completion year )				
<input type="checkbox"/> Graduated from HS - - - - -		Year: _____		
<input type="checkbox"/> Received GED - - - - -		Year Received: _____		
<input type="checkbox"/> Did Not graduate, not attending		Last Year Attended: _____		
28 I understand that withholding information requested on this form, or giving false information, may make me ineligible for enrollment at Kaskaskia College or subject to dismissal. With this in mind, I certify, by my signature, that the statements on this form are correct and complete.				
Signature:		Date:		