

Goodland Community Learning Center

1311 Main, Room 212 Goodland, KS 67735 PH: 785-890-1699

NAME _____
First MI Last Maiden

MAILING ADDRESS _____
Address City State Zip Code

BIRTH DATE (mm/dd/yyyy) _____ **SOCIAL SECURITY #** _____ **SEX:** M F

AGE _____ **Year you should have originally graduated** _____ **USD # that you live in** _____

Highest grade completed _____ **Future Plans/Goals** _____

PHONE (best number to reach) _____

E-MAIL _____

Employer _____ **Work Phone** _____ **Hours per week** _____

ETHNICITY (NOT race or ancestry) Hispanic/Latino or of SPANISH ORIGIN? YES NO

RACE (may circle one or more):
American Indian/Alaska Native Asian Black or African American Native Hawaiian/Pacific Islander White

Language Spoken at Home _____ **Are you homeless?** YES NO **Are you a migrant worker?** YES NO

Education History

Do you have a high school diploma _____ or GED _____ What year received _____

Did you ever have an IEP or 504 plan in high school? _____ If so, which one: **IEP** _____ **504 Plan** _____

Are you disabled? _____ If YES, explain _____

Do you have any medical conditions that may impact your learning or attendance? YES NO

If YES, explain _____

The GOODLAND COMMUNITY LEARNING CENTER has permission to release information pertinent to my educational progress to:

	<i>Name of Contact</i>	<i>Phone Number of Contact</i>
_____	Community Corrections/Probation Officer _____	_____
_____	Court Services _____	_____
_____	DCF (formerly SRS) _____	_____
_____	USD# _____	_____
_____	Parent/Guardian _____	_____
_____	Other: Name _____	_____

Permanent contact: (Someone who will know how to reach you if your address or phone number change.)

Name _____ Relationship _____

Mailing Address _____ Phone _____

Emergency Information:

Emergency Contact Person _____

Address _____

Home Phone Number _____ Cell Phone Number _____

Relationship to student _____

Drug or Food Allergies _____

Health History of _____

Other Health Information _____

PERMISSION (optional)

I give my permission for my photo or video image to be used by the GOODLAND COMMUNITY LEARNING CENTER for promotional purposes.

Signature Date

The information provided on this enrollment form is accurate and complete. I agree to abide by the policies and rules of the GOODLAND COMMUNITY LEARNING CENTER as outlined in the Student Handbook and will do my best to progress toward earning a diploma.

Student Signature Date

Parent/Guardian Signature (if student under 18) Date