



LABETTE COMMUNITY COLLEGE ENROLLMENT FORM

Return to: Labette Community College
ATTN: Admissions Office
200 S. 14th Street
Parsons, KS 67357

Semester enrolling at LCC? Fall 20 Spring 20 Summer 20 **LCC only** _____

Social Security Number _____ Student ID _____ Female Male

Legal Name _____
LAST (SUFFIX) FIRST MIDDLE MAIDEN OR OTHER

Local Address _____
STREET CITY STATE ZIP CODE

Phone _____ Cell Phone _____ E-mail Address _____

Are you a Kansas Resident? Yes No Legal County of Residence: _____ Date KS residency began ____/____/____

Ethnicity/Race

1. Ethnicity: (Check One Below)

- Hispanic or Latino
 Not Hispanic or Latino

2. Race: (Check One Below)

- American Indian/Alaskan Native Asian
 Native Hawaiian/Other Pacific Islander White
 Black/African American

Major/Degree/Certificate

What is your major? _____ Are you seeking a degree _____ or a certificate _____

I understand all the courses I am enrolled in must go towards my major for federal financial aid. Yes No I have elected to take courses that have been marked with **NM** by the advisor indicating the course(s) DO NOT go towards my major and will not be counted towards my financial aid enrollment status. Yes No

TB Information

Per Kansas state statute (KAR 28-1-30) for prevention and control of TB. Please indicate Yes or No as appropriate. Failure to complete as instructed could result in second semester registration delays. Student Affairs will contact students indicating Yes on the items below.

Yes No You are foreign born or have been outside the U.S. for more than 3 months.

Yes No You have been in contact with a person who has been diagnosed with known active Tuberculosis (TB).

Yes No You have had any of the following unexplained signs or symptoms: Coughing up blood, chest pain, weight loss or loss of appetite, fever or chills, cough (<3 weeks), fatigue, respiratory difficulty, or night sweats.

Course Schedule

Course Code	Course Title	Credit Hours	Time of Class	Day	Instructor

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Advisor Note: Please attach transcripts used for enrollment eligibility and/or test scores.