

# Fort Scott Community College Admission/Enrollment Form

All information must be filled in completely.

Semester:  Spring 20\_\_\_\_  Summer 20\_\_\_\_  Fall 20\_\_\_\_ Date: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Other Name Used: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address for college mailings.  
Permanent Street Address: \_\_\_\_\_ Permanent Telephone Number: \_\_\_\_\_

Permanent City: \_\_\_\_\_ Permanent State/Zip: \_\_\_\_\_

Have you lived in Kansas the past 6 months: \_\_\_\_\_ Permanent County: \_\_\_\_\_

Are you Hispanic or Latino: Yes  No  U.S. Citizen: Yes  No  Are you a Veteran: Yes  No

Race:  A-Asian  B-Black or African American  F - Nonresident Alien  H-Hispanic of any race  
 I-American Indian or Alaska Native  P-Native Hawaiian or Other Pacific Islander  
 U-Race and Ethnicity unknown  X-Two or more races  W-White

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Local Street (Where you live while attending college): \_\_\_\_\_

Local City: \_\_\_\_\_ Local State/Zip: \_\_\_\_\_

Local Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_

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Name of Parent, Guardian or other next of kin: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ (P-Parent, G-Guardian, O-Other) Did either of your parents graduate from a 4-year college? Yes  No

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Year graduated or will graduate from high school: \_\_\_\_\_ GED completed: Yes  No  Year \_\_\_\_\_

High School attended: \_\_\_\_\_ High School Diploma? Yes  No

List colleges attended: \_\_\_\_\_

Have you taken FSCC classes? Yes  No  Major: \_\_\_\_\_

College hours completed at other colleges: \_\_\_\_\_ Circle: (1-29) (30-63) (64+)

Please check your college objective:  2-year Associate Degree  4-year Bachelor's Degree  Certificate  
 2-year Associate of Applied Science Degree  None of the above

