

PREVIOUS EDUCATION

High School Information: Please list when and where you received your high school diploma or where you are currently attending high school.

HIGH SCHOOL	CITY, STATE	GRADUATION DATE (MO/YR)
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GED Information (if applicable)

TESTING CENTER	CITY, STATE	GRADUATION DATE (MO/YR)
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Do you have a Bachelor’s Degree or higher? Yes _____ No _____ If yes, what college awarded your degree? _____

Kansas law requires an official transcript be sent from each institution you have attended unless you hold a bachelor’s degree or higher. It is your responsibility to make sure that each transcript is sent directly to LCC from your previous college(s). Hand-delivered transcripts are not acceptable.

College/School Name	City, State	From	To	Credits Earned	Degrees Earned

Are you the first in your immediate family to attend college? Yes _____ No _____

Has your Mother or Father received a four-year degree? Yes _____ No _____ Did your Mother or Father attend LCC? Yes _____ No _____

Would you like information concerning accommodations for students with disabilities? 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.

Labette Community College has permission to use my directory information, student identification photograph, and future photographs for the purpose of institutional research, student verification, and/or marketing. Yes _____ No _____ (If unchecked the college assumes permission is given.)

I certify that all the information I have provided on this application is complete and correct to the best of my knowledge, and that all prior academic work is accounted for. I also authorize the release of all high school or college transcripts and other pertinent records to Labette Community College. I understand that failure to disclose or the falsification of information on this application could result in my dismissal from LCC.

Student’s Signature

Date

SIGNATURE REQUIRED FOR THIS APPLICATION TO BE PROCESSED.

Labette Community College does not discriminate on the basis of race, color, religion, national origin, sex, age, or qualified handicapped in its education programs, activities, recruitment, admissions, or employment as required by Titles VI, VII, IX, and section 504 of the Rehabilitation Act of 1973. Inquiries should be directed to: Vice President of Student Affairs, Labette Community College, 200 South 14th Street, Parsons, KS 67357. Telephone (620) 421-6700 extension 1264.