

Payment Method

____ Employer: Name & Address: _____

____ Senior Citizen (60 years and older): _____

Credit Card Number: _____ Expiration Date: ____/____/____ Vin Code: _____

Name as it appears on the card: _____

Student Signature _____ Date _____

Advisor Signature _____ Date _____

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

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.