



Workforce Training/Firefighters Application for Admission/Registration

If you are currently enrolled at a KCTCS college or if you have completed THIS form in another course, you will need to check this box (Readmit), and complete: Name, Social Security Number or Firefighter Number (if applicable), Address and Signature.

Name _____
First Middle Last Preferred Name

Address _____
City County State Zip Code

Employer _____

List any phone number where we may contact you: _____ Cell Home Business

Email Address _____

*Social Security Number _____ Date of Birth _____ *Gender: Male Female
Month Day Year

Citizenship Status US Citizen Yes No

If not a US citizen are you a permanent resident alien of the US? Yes No Resident Alien Number _____

*Do you consider yourself Hispanic/Latino? Yes No

*In addition, select one or more of the following racial categories to describe yourself:
 American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Pacific Islander White

* Optional information requested for reporting purposes and will not be used in an admission decision.

Please list all the names that you have used on previous educational records. _____

Admit Status

- First-Time College Student
- High School (taking college courses prior to High School graduation)
- Visiting Student
- Non-degree
- Readmit (attended KCTCS previously)
- First-Time Transfer (Are you eligible to return to your former college?) Yes No

High School Attended

(If you earned a GED enter GED for High School.) High School Name _____ City _____ State/County _____

High School Graduation Date _____ or GED Completion Date _____ or Last Date of Attendance _____

Other postsecondary institutions attended and dates: (An official transcript from each institution listed is required for admission.)

College _____ City _____ State _____ Dates Attended _____

Residency Status Kentucky Non-Kentucky Have you lived in Kentucky for the last 12 months? Yes No
How long have you been living in your non-Kentucky county? _____

Firefighter Students Only

County Name _____ County Number _____
Fire Department # _____ Firefighter# _____
Fire Department Name _____ KCTCS Home College _____

College Use Only: Home College Code _____ Empl ID _____

Academic Plan Workforce Non-Degree 9002000000 Fire SciTech 4302037019 Other

Course Number _____ Course Title/Topic _____

Peoplesoft Class Number _____ Fee _____ Start/End Dates _____

Starting Term Summer Fall Spring _____ Year

Date _____ Signature _____

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