Hannibal Career and Technical Center
4550 McMaster's Avenue
Hannibal, MO 63401-2285
Telephone: 573-221-4430 ♦ Fax: 573-221-7971

Application for Admission

*A **non-refundable** application fee of $20.00 must be submitted with this form*

Please print legibly and complete form in ink.

Name currently used: _____
Last First Middle

Name on birth certificate: _____
Last First Middle

Address: _____
Street or RFD City State ZIP

Email Address: _____

Telephone: *Home:* (____) _____ *Work:* (____) _____

Cell: (____) _____ **Social Security #:** _____-_____-_____

High school graduate? ☐ Yes ☐ No *see below • If not, do you have a high school equivalency certificate? ☐ Yes ☐ No *see below
Where was it taken? _____ Date: _____

***STOP** and consult registrar if you **do not** have a high school diploma or GED.

Educational Background Please give full names and addresses of high school(s), college(s) or post-secondary school(s)

Name and location of high school , college or training center	Years completed	Did you graduate?	Dates of Attendance

Have you attended Hannibal Career and Technical Center in the past? ☐ Yes ☐ No

Area of interest: The following is a list of programs offered by the Hannibal Career and Technical Center. Please indicate area(s) of interest.

Industrial and Engineering Technician

- ☐ Construction Technology
- ☐ Graphic Arts
- ☐ Design Drafting
- ☐ Automotive Technology
- ☐ Welding Technology
- ☐ Industrial Mechanics Technology
- ☐ Machine Tool

Business and Managerial

- ☐ Business Technology
- ☐ Computer Technology

Human Services

- ☐ Child Care

Health Services

- ☐ Practical Nursing
- ☐ Respiratory Care

Why do you want to enter this program? _____

_____

How do you plan to pay for tuition? ☐ Federal Pell Grant ☐ Eligible for VA Benefits ☐ A+ Schools ☐ Gamm

☐ Other (identify sources) _____

_____

Work Experience Please give full names and addresses of employer(s) starting with the most recent:

Name of Employer	Address	Job Title	Dates of employment	Reason for leaving

Have you ever been a student in a health-related program? ☐ Yes ☐ No If yes, for what reason did you terminate your enrollment?
_____

Have you ever been denied a credential and/or license by any professional or legislative appointed body? ☐ Yes ☐ No
If yes, explain in detail on a separate sheet of paper.

Have you ever been convicted of any crime (including traffic violations and related instances)? ☐ Yes ☐ No If yes, explain in detail. (Use a separate sheet if necessary.) _____

_____

_____

Are you currently on probation, parole, or under court supervision? ☐ Yes ☐ No If yes, please explain and include dates. (Use a separate sheet if necessary.)
_____

_____

Certification Statement and Signature

I certify that all statements made on this document are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect my application unfavorably. Falsifying information on this application will result in termination.

_____ _____
Signature of applicant *Date
*This application is valid for one year from the date indicated.

How did you hear about this program? ☐ Radio ☐ Newspaper ☐ Family and/or Friend
☐ Magazine ☐ Other School ☐ Other _____

For office use only

☐ Student has been provisionally accepted. Reason: _____

☐ Student has been accepted into the designated program. Date: _____

☐ Student has NOT been accepted into designated program. Reason: _____

_____

_____

_____ _____
Program Director Date Transferred to Registrar

The Adult Student Handbook
You are able to view an Adult Student Handbook online at:
www.hannibal.tec.mo.us
then click on "Table of Contents"

Student Information Sheet

Enrollment Information

Today's Date: _____

Student Name: _____
Last First Middle

Address: _____
Street (No P.O. Boxes)

_____ _____
City State Zip

Telephone: (_____)_____

Cell Phone (_____)_____

Email Address:_____

Social Security #:_____-_____-_____

Birth Date: _____-_____-_____
Month Day Year

Ethnic Origin:

Do you consider yourself Hispanic/Latino?

___Yes ___ No

___ Nonresident Alien
___ American Indian or Alaska Native
___ Asian
___ Black or African American
___ Native Hawaiian or Other Pacific Islander
___ White
___ Two or more races
___ Race and Ethnicity unknown

Gender:
___ Male ___ Female

Information: **(Spouse)**

Name: _____

Employer: _____

Supervisor Name: _____

Work: _____
(Company Name)

Work Phone: (_____)_____
Ext. #

Information: **(If not married)**

Name: _____

Address: _____

Relationship: _____

Work: _____
(Company Name)

Work Phone: (_____)_____
Ext. #

Family member or friend not living with you:

Name: _____

Address: _____

_____
City State Zip

Telephone: (_____)_____

Work Phone: (_____)_____

Company: _____
Name

Emergency Contact Person (if different from above):

Name: _____

Relationship: _____
i.e. aunt, uncle, grandparent, etc.

Company: _____

Telephone: (_____)_____
Work #
(_____)_____
Home #

Telephone: (_____)_____

Dr. Office: _____
Clinic or hospital name

Dr. Address: _____
Street City Zip

Dr. Phone: (_____)_____

Release of Records

To insure the "Protection of the Rights and Privacy of Students," a federal law which became effective November 19, 1974, prohibits the disclosure of student grades and other information on student records.

I authorize the Hannibal Career and Technical Center to release all information from my school records as many times as necessary for purposes related to the educational process including guidance, job placement, and financial aid to include State and Federal reporting.

_____ _____
(Student Signature) (Date)