



Mid-Plains Community College High School Student Application/Registration

PLEASE PRINT LEGIBLY

Name	Office Use Only: Rec'd by _____	ID# _____
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Full Legal Name: _____
Last First Middle Previous and/or Maiden

E-mail Address: _____

Address

Mailing Address _____
Street, Box #, Apt # City County State Zip

Current Telephone Number (_____) Other Telephone (_____) _____

Biography *Required for federal reporting purposes.*

Social Security # _____ - _____ - _____ Country of Citizenship/Birth _____

Are you a U.S. Citizen? Yes No (If not, provide original residency documentation.)

Date of Birth ____/____/____ Gender: Male Female

Ethnic Origin (check only one): **Race (select all that apply):**

Hispanic or Latino African American/Black Asian White

Not Hispanic or Latino American Indian/Alaskan Native Native Hawaiian/Pacific Islander

Have you resided within Nebraska for 180 continuous days immediately prior to your enrollment? Yes No

Educational Data

High School _____
Name of High School City State Zip

Current Grade: Junior Senior **Expected date of high school graduation** _____

Registration

Term you are registering for: Fall Spring Summer I Summer II (after July 1) Year _____

***** COMPASS test required before registering for ENGL, MATH, or READ classes. *****

COURSE NUMBER <small>Example: ENGL 1010 MB A1 (all 12 characters/numbers required)</small>	CREDITS	LOCATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL CREDITS	_____	_____

If these credits are being used for dual (high school and college) credit, a Permission to Release Information to Third Party form is required.

Please Read & Sign

You are formally registered for classes. You must formally drop (via a Registration and Registration Change Form) any course(s) you decide not to attend. Drop dates are published in each term's Schedule of Classes. You are financially responsible for all courses in which you are registered. Failing grades are awarded for courses in which you remain registered, but do not attend. If a sponsor is paying for your tuition and/or fees, you are responsible for making arrangements with the Business Office. For billing information, call (308)535-3674 or 1-800-658-4308, ext. 3674.

I certify that above information is complete, true and accurate. I agree to abide by the policies and regulations of MPCC. I understand that any information given falsely or withheld may make me ineligible for admission and/or registration. I also agree to pay all tuition, fees, and charges.

Student Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

All students must have parent signature

Principal or Counselor Signature _____ Date _____

Summer registration does not require principal/counselor signature.

ALL INFORMATION IS REQUIRED BEFORE REGISTRATION WILL BE ALLOWED

For Office Use Only: Entered by _____ Date _____

Mid-Plains Community College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following persons has been designated to handle inquiries regarding the non-discrimination policies: Area Director of Human Resources, Mid-Plains Community College-North Campus, 1101 Halligan Dr., North Platte, NE 69101, 308 535-3676 or toll free 800 658-4308, Ext. 3676. Inquiries involving students should be directed to the Area Dean of Student Life, Mid-Plains Community College, 1205 E Thrd St, McCook, NE 69001, 308 345-8109, or toll free 800 658-4348, Ext. 8109.

If you are a person with a disability and require an accommodation while attending this event, please contact: the Dean of Career Services, North Platte Community College, 308 535-3607 or 800 658-4308, Ext. 3607 or Area Dean of Student Life, McCook Community College, 308 345-8109 or 800 658-4348, Ext. 8109.