Kent Career Tech Center
REAL LIFE. REAL LEARNING.

Adult Student Enrollment Form

This form is to be completed by any student who will be a high school graduate after the current school year and wants to complete the 2nd year of a two-year program at KCTC.

First Name	Last Name

Birthdate (mm/dd/yyyy)	Phone	e-mail

Street Address	City	Zip

First Choice Program	Session
	1st 2nd 3rd

Session 1: 6:55am—9:10am **Session 2: 9:15am—11:30am** **Session 3: 12pm—2:15pm**

***Please see the back of this form to review the policy by which students may return and the deadline for $200 payment.**

Special Notes (i.e. FSU Course Enrollments)

Student Signature Date

_____

Parent Signature Date

_____

Instructor Signature Date

_____

Do not write below, for office use only.

Date form received : _____

Amount of Payment:_____ Check Cash Card Date_____ received by_____

Request entered in PS_____ Student Eligible_____ Confirmation sent_____