



APPLICATION FOR ADMISSION

WWW.ROLLA.K12.MO.US/RTIRC

GENERAL INFORMATION

First Name	Middle Name	Last Name	Maiden Name
Street Address	City	State	Zip Code
Social Security Number	Home Phone Number	Cell Phone Number	
Email Address			
Designated Program Choices (1)		(2)	

APPLICATION FEE & SUBMISSION

Please submit a non-refundable application fee of \$50 for all RTI/RTC programs. The application fee for returning students in consecutive years is \$25.

Please submit application with applicable fees to:

Head Cashier
Rolla Public Schools
500 A Forum Drive
Rolla, MO 65401

Payment Method

- Cash
 Check/Money Order (*payable to Rolla Public Schools*)
 Credit Card

If paying by credit card, the card must be presented in person by the cardholder.

REFERENCES

Please list three professional references, such as an employer or teacher. Please give full name, complete address including city and state, and phone number.

(1) Name	Address	City/State	Phone
(2) Name	Address	City/State	Phone
(3) Name	Address	City/State	Phone

Confidential Waiver Release: I waive do not waive my right to see professional reference letters from those I have listed on this application or identified in the future as needed in accordance with Federal Law PL93-380.

EDUCATION INFORMATION

Do you have a (check one):

GED High School Diploma Working towards GED
Date Received: _____ Expected Date of Completion: _____

Have you had training in the Armed Forces? Yes No

If yes, what training did you receive? *(You may wish to attach additional pages to this application.)*

What professional certifications or licenses do you hold?

Is English your second language? Yes No

Are you a citizen of the US? Yes No If no, do you plan to gain citizenship? Yes No

Have you ever been convicted of a misdemeanor or felony? Yes No

If yes, please explain:

Have you previously attended RTI/C or other school? Yes No

If yes, where and what program? _____ Date attended _____

Specify year in which you wish to enroll: August January

Have you ever violated a law or ordinance regarding alcohol or drug usage? Yes No

If yes, please explain:

If you are applying for one of the medical programs, do you have any other problems that would prevent you from providing quality medical care to patients? Yes No

If yes, please explain:

Do you intend to apply for financial assistance? (response optional) Yes No

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

Other source (please identify): _____

CONTACTS

Please list three individuals, such as a parent or guardian, we may contact for follow-up purposes or in case of an emergency.

Please give full name, complete address including city & state, and phone number.

(1) Name _____ Address _____ City/State _____ Phone _____

(2) Name _____ Address _____ City/State _____ Phone _____

(3) Name _____ Address _____ City/State _____ Phone _____

SIGNATURE

The information given on this form is true and complete to the best of my knowledge.*

Signature _____

Date _____

*Any misrepresentation, falsification or omission of information or any other attempt to deceive a school is cause for either denial of selection for admission or dismissal from enrollment; any future application(s) shall not be considered by Rolla Technical Institute/Center.

Rolla Technical Institute/Center is an affirmative action institution. No person shall, on the basis of race, sex, creed, color, or handicap, be subjected to discrimination in employment or in admission to any educational program or activity. RTI/RTC is fully accessible to the individual with a handicap. *Inquiries regarding the implementation of this policy should be directed to: Title IX Section 504 Coordinator, Assistant Superintendent of Human Resources, Rolla Public School District No. 31, 500 A Forum Drive, Rolla, MO 65401, (573) 458-0100.

How did you hear about RTI/RTC? *Check all that apply:*

Newspaper Radio School Counselor Career Fair/Presentation Friend Other: _____



AUTHORIZATION FOR FAMILY CARE & SAFETY REGISTRY

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BACKGROUND VERIFICATION

Upon completion of the online registration with the Family Care Safety Registry at <http://health.mo.gov/safety/fcsr/>, I authorize ROLLA TECHNICAL INSTITUTE/CENTER to verify my background information on the Family Care Safety Registry website.

If I am selected into the program for which I am applying, this authorization will be valid for the length of the program at RTI/C.

I understand that my social security number will only be utilized to verify the background information on the Family Care Safety Registry.

I hereby release ROLLA TECHNICAL INSTITUTE/CENTER from any claims, damages or liabilities of any kind that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me, as a result of this background check.

I have read the above, understand its contents, and voluntarily agree to its terms.

Other first and/or last name(s) that the registry may be listed under:

Signature:

Date:

(Printed) First:

Middle:

Last:

Social Security Number:

Birthdate (Month/Day/YYYY):

Primary Program Applying For:

Secondary Program Applying For:

Please note: The collection and reporting of race/ethnicity and gender data on students and completers are mandatory for all institutions which receive, are applicants for, or expect to be applicants for Federal financial assistance as defined in the Department of Education (ED) regulations implementing Title VI of the Civil Rights Act of 1964 (34 CFR 100), or defined in any ED regulation implementing Title IX of the Education Amendments of 1972 (34 CFR 106). The collection of race/ethnicity and gender data in vocational programs is mandated by Section 421(a) (1) of the Carl D. Perkins Vocational Education Act.

Select one: Male Female **Ethnicity:** Hispanic or Latino Not Hispanic or Latino

Race: American Indian or Alaska Native Asian Black or African American White

Native Hawaiian or Other Pacific Islander Two or more races Nonresident alien

Please complete form and turn in with application. Thank you.