

# GRAND RIVER TECHNICAL SCHOOL

## APPLICATION FOR ADULT ADMISSION

1200 Fair Street – Chillicothe, MO 64601

660-646-3414 www.grts.org

Please complete both sides of this application and return to Grand River Technical School.

### GENERAL INFORMATION:

Date to Start School: \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MI

SOCIAL SECURITY NUMBER \_\_\_\_-\_\_\_\_-\_\_\_\_

ADDRESS \_\_\_\_\_  
RR#, BOX, APT # STREET CITY STATE ZIP

TELEPHONE ( ) \_\_\_\_\_ - \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_  
(Please provide an email address if applicable, that you check regularly)

CELL PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_

How did you hear about Grand River Technical School? \_\_\_\_\_

### PERSONAL INFORMATION:

 The following information will be used to assist you and/or for state and federal reporting.

SEX: \_\_\_\_ M \_\_\_\_ F

#### \*ETHNIC ORIGIN

#### CITIZENSHIP

DATE OF BIRTH: \_\_\_\_\_

\_\_\_\_ White Non-Hispanic

\_\_\_\_ U.S. Citizen

\_\_\_\_ Black Non-Hispanic

\_\_\_\_ Legal Resident

\_\_\_\_ Hispanic

State \_\_\_\_\_

VETERAN: \_\_\_\_ YES \_\_\_\_ NO

\_\_\_\_ American Indian/  
Alaskan Native

\_\_\_\_ Non U.S. Citizen

\_\_\_\_ Asian/Pacific Islander

Country \_\_\_\_\_

MARITAL STATUS: (Optional)  
\_\_\_\_ Married \_\_\_\_ Single

\_\_\_\_ Other

SINGLE PARENT: \_\_\_\_ Yes \_\_\_\_ No

KNOWN DISABILITIES: (Optional) \_\_\_\_\_

### EDUCATIONAL BACKGROUND:

HIGH SCHOOL ATTENDED: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_  
Name City State

OR

GED (High school equivalence) - DATE RECEIVED \_\_\_\_\_ (Copy must be attached)

Are you/will you be certified eligible through the Missouri A+ Schools program and using A+ funds for your tuition? \_\_\_\_\_ (Transcript with A+ seal must be submitted)

PREVIOUS POST SECONDARY/ COLLEGE TRAINING RECEIVED: (submit transcripts)

\_\_\_\_ Attended From \_\_\_\_\_ to \_\_\_\_\_  
Name of College month/yr month/yr

\_\_\_\_ Attended From \_\_\_\_\_ to \_\_\_\_\_  
Name of College month/yr month/yr

Continue on back

**PROGRAMS OFFERED:** Please check the program in which you wish to enroll.

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Auto Service Technology</b>   | <input type="checkbox"/> <b>Business Technology</b>  |
| <input type="checkbox"/> <b>Auto Collision Technology</b>   | <input type="checkbox"/> <b>Building Trades</b>  |
| <input type="checkbox"/> <b>Computer/Networking Technology</b>  | <input type="checkbox"/> <b>Diesel Equipment Technology</b>  |
| <input type="checkbox"/> <b>Advanced Computer Networking</b><br>(prerequisite-Computer Networking Technology) | <input type="checkbox"/> <b>Advanced Diesel Technology</b><br>(prerequisite-Diesel Equipment Technology) |
| <input type="checkbox"/> <b>Industrial Welding</b>  | <input type="checkbox"/> <b>Industrial Maintenance</b>   |
| <input type="checkbox"/> <b>Advanced Welding Technology</b><br>(prerequisite-Industrial Welding)              | <input type="checkbox"/> <b>Child Care Services</b>  |
| <input type="checkbox"/> <b>EMT-Basic</b><br><b>(Emergency Medical Technician)</b>                            | <input type="checkbox"/> <b>Pt. Time Health Occupations</b><br><b>(CNA, CMT, etc)</b>                    |
| <input type="checkbox"/> <b>Paramedic</b><br>(prerequisite-EMT Basic)   | _____ (list the health program for which you are applying)   |

**I plan to pursue the Associate of Applied Science Degree upon completion of my chosen program.** (Check if applicable)

Grand River Technical School publishes promotional materials as a part of its outreach activities. Please designate if you  **do**/ **do not** give permission for your picture to be used in various promotional items such as the GRTS Website, brochures, etc.

I  **do**/ **do not** give permission to release my GRTS transcript to prospective employers upon their request.

I grant permission for the following parents/stepparents/guardian to be given information (ie: grades/financial aid) if requested: **(Dependent students under 21, please provide names of those who may request this information)**

I understand that as a condition of my acceptance to GRTS, a criminal background check will be completed.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

EMERGENCY \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

CONTACT INFO

Cell # \_\_\_\_\_

**Enrollment Procedures:**

- 1. Tour the school and program of your choice.**
- 2. Submit application and \$50 non-refundable application fee to school. (Fee will be applied to tuition)**
- 3. Have a copy of your official FINAL high school transcript (or GED) and any post-secondary transcripts sent to GRTS.**
- 4. Schedule appointment for admissions testing.**
- 5. Pass criminal background check.**

EMT and Paramedic students contact the school for additional enrollment pre-requisites and application fees.

It is the policy of Grand River Technical School that no person shall, on the basis of race, sex, creed, color or disability, be subject to discrimination in employment, or in admission to any program or activity of the school. Direct questions to Dr. Linda Gray Smith, EEO/AA Coordinator, P. O. Box 530, Chillicothe, MO 64601.

In compliance with Title IX of the Americans with Disabilities Act, Grand River Technical School will provide reasonable accommodations to disabled persons upon request.

Requests should be directed to: Director, GRTS, 1200 Fair Street, Chillicothe, MO 64601; (660)646-3414

4/19/10