



ENROLLMENT CHECK LIST

DIRECTIONS:

Complete attached forms online and print or print using blue or black ink.

SIGNATURES ARE REQUIRED along with a **\$25.00 fee** for processing enrollment for all students.

After completing these forms:

ADULT students bring this packet to the Registrar/Enrollment Personnel.

Adult Advisor Verification:

Program: _____

Program hours less advanced credit = _____

Signature of Adult Advisor

Date

Financial Aid Checklist: See Financial Aid Coordinator

____ Student will self-pay (*1st payment due on or before 1st day of classes*)

____ Financial Aid Complete

____ Financial Aid Incomplete **CANNOT PROCEED WITH ENROLLMENT**

Signature of Financial Aid Coordinator

Date

HIGH SCHOOL students *must be accompanied by parent or guardian.*

Bring this completed packet to Southern Tech during enrollment.

Pay \$25 enrollment fee for all career majors.

We accept Cash, Money Orders, Visa, MasterCard, and Checks (With Driver's License, Expiration date and Phone Number) payable to Southern Tech.

Turn in the following **signed** forms.

____ Demographic/Medical Information (Pages 2 & 3)

____ Release Forms (Page 4, 5, 6)

____ Transportation/Automated Calls (Page 7)

____ Immunization Exemption Form (8)

____ E-Rate Income Survey (Requested for high school students only)

Southern Tech Signature

PLEASE READ Note to Enrollee: Data collected from these form is used to support the official statewide student information database for OKCAREER TECH. The data contained in this form is used in a number of ways such as funding historical trends, Economic Development, Evaluation Standards, Office of Civil Rights Audits and Student Follow-Up Results. Southern Tech does not discriminate on the basis of race, color, national origin, gender, age, religion or disability, in its programs or activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Russell Keeton, 2610 Sam Noble Parkway, Ardmore, OK 73401 580.224.8279.

Full Time Programs

First Name: _____ Middle Name: _____ Last Name: _____

Suffix: _____ Date of Birth: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____ Student Cell Phone: _____

Parent/Guardian Main Phone: _____ Parent Email Address: _____

Student Email Address: _____

ADULTS ONLY:

Financial Aid Self-Pay

Third Party Pay: _____
Name of 3rd Party

STUDENT EDUCATION:

High School: _____ Grade Level: _____ Have you attended another Career Tech?: Yes No

ADULTS: Is this your 1st Post-Secondary Enrollment (1st time you have enrolled in a college or Career Tech since receiving a HS Diploma or GED)? Yes No

If yes, was it while you were: in High School As an adult

Please enter name of Educational Institution attended: _____

STUDENT EMPLOYMENT INFORMATION:

Check if doesn't apply

Work Place: _____ Position: _____ Address: _____

Work Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY CONTACTS (PARENT/GUARDIAN):

First Name	MI	Last Name	Relationship	
_____	_____	_____	_____	_____

Physical Address	Mailing Address	City	State	Zip
_____	_____	_____	_____	_____

Main Phone Number	Daytime Phone	Work Phone	Employer Name
_____	_____	_____	_____

Please answer Y/N to Following: Does this Contact have Custody of Student? _____ Student Lives with? _____ Have Primary Care? _____

2nd EMERGENCY CONTACT:

_____	_____	_____	_____	_____
First Name	MI	Last Name	Relationship	
_____	_____	_____	_____	_____
Physical Address	Mailing Address	City	State	Zip
_____	_____	_____	_____	_____
Main Phone Number	Daytime Phone	Work Phone	Employer Name	

Please answer Y/N to Following: Does this Contact have Custody of Student? _____ Student Lives with? _____ Have Primary Care? _____

Confidential Demographic Information

_____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Ethnicity: Hispanic/Latino
Social Security Number		
RACE:	<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native
	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
		<input type="checkbox"/> Asian <input type="checkbox"/> Other

Confidential Disability Information

<input type="checkbox"/> Economically Disadvantaged	<input type="checkbox"/> Free/Reduced Lunch/Disability/IEP	<input type="checkbox"/> Academically Disadvantaged
<input type="checkbox"/> Displaced Homemaker	<input type="checkbox"/> Single Parent	<input type="checkbox"/> Migrant
<input type="checkbox"/> Accommodations/504		<input type="checkbox"/> Limited English

Medical Alert Information

Any medical conditions in which we need to be aware? _____

List of current medications student is taking: _____

List ANY Food or Drug Allergies: _____

Rate the Severity of the Allergy: 1 (Extreme) 2 (Moderate) 3 (Light)

Directions in case of an Actual Emergency:

1. _____

2. _____

****Disclosure: Southern Tech will call 911 for EMT assistance if necessary****

ANY STUDENT DIAGNOSED WITH DIABETES
must complete the Diabetes Medical Management Plan.
See Student Services Director.

Southern Oklahoma Technology Center
Authorization for Release

STUDENT NAME: _____

RELEASE FORM for Videotaping/Recording, Educational Records and Job Link

I hereby give and grant to Southern Tech the video/recorded voice/photographs, in which I appear, including the right to edit or use a portion of such video/ recorded voice/photographs that positively promotes the image and benefits of career and technology education through educational, trade materials and/or the Southern Tech's web site and/or social media. I hereby waive any right, to inspect or approve the finished video/recorded voice/photographs, or any finished materials, copy or other matter, which may be used in conjunction with, or the manner in which any of the same are used, reproduced, published, or displayed. I further release Southern Tech from any liability that may occur or be produced in the taking, reproducing, publishing, showing, or displaying of said video/recorded voice/photographs, and agree that Southern Tech shall be the owner of the photographs and all rights to them, may copyright the video/ recorded voice/photographs in its own name, and may grant to others permission to use them. I further understand that I am not to receive payment for said video/recorded voice/photographs and that these video/recorded voice/photographs will not discredit or distort my person in any way. I hereby give permission for the Southern Tech to use school-related pictures, taped materials or videos, which includes the above named student, in public information releases. I waive any and all claims for compensation for such use.

[] I give permission for Video/Recording/Photographs/Voice Recordings.

[] I do not give permission Video/Recording/Photographs/Voice Recordings.

AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS

In accordance with federal regulations regarding the privacy right of parents and students under the Family Educational Right and Privacy Act of 1974, the undersigned hereby consent to the release of all education records about the above named student, including recommendations and other information as may be requested, to the parent of the student, the high school in which the student is enrolled, and/or other technology centers or colleges who request this information. I hereby give permission for Southern Tech to release information contained in any or all portions of the record of the above-named student to prospective employers, the employment office, the job placement office and schools requesting such information.

AUTHORIZATION FOR JOB LINK Southern Tech is pleased to provide a free online internet tool Career Connection designed to help Career Tech students find career opportunities and for employers to find skilled workers in technical fields. I the undersigned hereby consent to allow the student to use Career Connection to post a resume and use as a career tool. I understand that resume and portfolio information will be released to potential employers.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Signatures indicate you have READ and UNDERSTAND the STATEMENTS ABOVE.

QM-SS-0016
26-Jan-18, Rev. 1



Internet Safety/Acceptable Use Policy - STUDENT

PURPOSE: The purpose of this policy is to establish a set of guidelines and expectations that will enhance learning at Southern Tech while protecting employees, students, and partners from illegal or damaging actions by individuals either knowingly or unknowingly. Inappropriate use of technology exposes the District to many risks including viruses, compromised data, and other legal liability.

SCOPE: This policy applies to employees, students, partners, contractors or any other guests who access District resources using District owned or personal equipment.

1. **Acceptable Use** - The use of District resources must be in support of education or research and consistent with the educational objectives of Southern Oklahoma Technology Center. Transmission of any material in violation of U.S. or state law is prohibited. This includes, but is not limited to: copyright material, threatening or obscene material, material protected by trade secret, or other confidential information. Use for commercial activities, product advertisements, religious promotion, or political lobbying is also prohibited.
2. **Intellectual Property** - All "Intellectual Property", meaning databases, audio visual material, electronic circuitry, computer software, computer files, communications, information, inventions, or discoveries, generated through any activity associated with the District will be considered sole property of the District
3. **General Use** – Employees, students, partners, contractors or guests are responsible for exercising good judgment regarding the use of the District's technology resources. The following activities are, in general, prohibited. While the list is not exhaustive, it is an attempt to provide a framework for activities which fall into the category of unacceptable use.
 - Introduction of malware or malicious software onto District resources is prohibited. Port scanning or security scanning is expressly prohibited.
 - Executing any form of network monitoring which intercepts data not intended for the recipient is prohibited unless this activity is part of an employee's normal job/duty.
 - Revealing your password to others or allowing others to use your account is prohibited. Circumventing user authentication or security of any host, network or account is prohibited. Bypassing or attempted bypassing of internet filters or other monitoring software is prohibited. Using any program, script, or command with the intent to interfere with or disable a user's session is prohibited.
 - Sending unsolicited email messages, including the sending of "spam" or other advertising material to individuals who did not request such material is prohibited.
 - Posting non-business related messages to large numbers of individuals, including forwarding of chain letters or other "inspirational" type messages is prohibited.
 - Storing large amounts of personal photos, music files or other data on District owned servers or computers is prohibited.
4. **Internet Etiquette (Netiquette) - Social Networks, Blogs, Bulletin Boards, Forums, News groups, email, etc.** – Internet Etiquette or "Netiquette" is acceptable behavior in electronic communication. All students are expected to comply with the District's "Netiquette" guidelines as outlined below when participating in online discussions or activities. This list is not exhaustive and is meant to provide a framework for appropriate behavior.
 - **Don't Participate in Flame Wars.** (*A flame war is a heated argument between two individuals that results in those involved posting personal attacks on each other.*) It's okay to disagree or constructively criticize an idea, but never personally attack another person.
 - **Always review and edit your communication before submitting.** Check grammar and spelling.
 - **Keep your communications as clear and concise as possible.** Acronyms (LOL, IMHO, TTYL, etc.) are not acceptable.
 - **Respect and protect personal privacy.** Do not share personal, family, or classmate information. (e-mail addresses, phone numbers, birth dates, etc.) Do not "tag" individuals in photos that have requested not to be identified.

QM-IT-0006
11-Jan-18, Rev. 2

QM-SS-0018
09-Apr-09, Rev. 1

- **Be informal, not sloppy.** Your colleagues may use commonly accepted abbreviations in e-mail, but when communicating with external customers, everyone should follow standard writing
- **Keep messages brief and to the point.** Just because your writing is grammatically correct does not mean that it has to be long.
- **Use sentence case.** USING ALL CAPITAL LETTERS LOOKS AS IF YOU'RE SHOUTING. Using all lowercase letters looks lazy.
- **Use the blind courtesy copy and courtesy copy appropriately.** Don't use BCC to keep others from seeing who you copied.
- **Be sparing with group e-mail.** Send group e-mail only when it's useful to every recipient. Use the "reply all" button only when compiling results requiring collective input.
- **Don't send chain letters, virus warnings, or junk mail.** Always check a reputable antivirus Web site or your IT department before sending out an alarm.
- **Don't post or respond to any of the "Make Money Fast" postings.** Most are illegal, and no one in Nigeria will deposit any money into your account!
- **Remember that your tone can't be heard online.** Electronic communication can't convey the nuances of verbal communication. In an attempt to infer tone of voice, some people use emoticons, but use them sparingly so that you don't appear unprofessional.
- **Use a signature that includes your contact information.** To ensure that people know who you are, include a signature that has your contact information. Avoid pictures or large text in signatures.

6. Harassment/Bullying - With respect to electronic communications, students are specifically prohibited from bullying, harassing, threatening, or intimidating other students, employees, patrons, and guests regardless of where the electronic communications originated.

7. Warranty - Southern Oklahoma Technology Center makes no warranties of any kind. The District is not responsible for any damages resulting from loss of data, delays, non-deliveries, mis-deliveries, or service interruptions caused by its own negligence or your errors or omissions. Use of any information obtained via the District's technology resources is at your own risk.

8. Privacy – While the District desires to provide a reasonable level of privacy, users should be aware that data or communications transmitted or stored using District resources is considered property of the District and may be accessed at any time without notification. For security and network maintenance purposes, authorized individuals within the District may monitor equipment, systems, and network traffic at any time.

Acceptable Use Policy - Student

I _____ (Please Print) understand and will abide by the above stated Acceptable Use Policy. I further understand that any violation of the regulations may result in disciplinary action, and/or appropriate legal action.

Signature: _____ Date: _____

PARENT OR GUARDIAN (Required for Internet Users Under the Age of 18)

Parent or Guardians Name (Please Print): _____

Signature: _____ Date: _____

TRANSPORTATION/FIELD TRIP AGREEMENT

I, as Parent or Guardian of:

Name of Student

Parent/Guardian initials below to grant permission:

Hereby grant permission for Southern Tech to release the above named student for High School Activities during class time when the sending school requests release by contacting the Registrar.

I give permission for my student to go on field trips with Southern Tech during class time when approved by the instructor and the Assistant Superintendent/Director of Southern.



Automated Calls

Parent/Guardian initials below to grant permission:

I consent to receiving non-emergency Automated Calls (School Reach) from Southern Tech at the telephone number(s) I have provided to the District within this form.

By signing below, I agree to the terms of each agreement above:

Student Signature Date

Parent/Guardian Signature Date

IMMUNIZATION EXEMPTION FORM

Name of Student (Please Print)

Last 4 Digits of Social Security No.

In compliance with Oklahoma Law and in accordance with Southern Tech policy, the following information is required of all new students.

Please check all that apply:

- I have received the vaccinations for measles, mumps, rubella, and hepatitis B.
- My vaccination record is current and on file at my sending school.
- The administration of the vaccines for measles, mumps, rubella, and hepatitis B conflicts with my moral and religious
- tenets. I am submitting a physician’s statement indicating it is medically inadvisable for me to take these vaccinations.

Exemptions: *Please indicate if you belong to any of the following groups:*

- I am transferring from another college located in the state of Oklahoma.
- I graduated after 1995 from a high school that required these vaccinations.
- I am enrolling only in off-campus or distance education courses.
- I was born prior to January 1, 1956.
- I am currently on active duty in a branch of the U.S. Military

This information provided in this document is true and accurate to the best of my knowledge. I understand that falsification of this document may make me ineligible for admission to, or continuation in Southern Tech's school district.



Student Signature

Date



Signature of parent if student is a minor

Date

**Immunization records are NOT required.

Let's Get E-Rate Funds for our School!"



PLEASE COMPLETE THE ATTACHED HOUSEHOLD SURVEY*

We need everyone to return this survey in order for the survey to be considered valid.

THIS WILL HELP OUR SCHOOL GET \$\$\$ FOR:

Telecommunications

Internet Access

Technology

Maintenance

***This information will remain confidential and will be reported only as a total group, not by individual families, and will not be used for any other purposes except E-Rate.**

Survey
Number: _____

E-Rate Household Survey Spring/Fall 2017¹

Please complete and return to the school office within two weeks.



Your Address: _____ City _____ ST _____ Zip _____

Circle your household size below, then answer the following questions:

Household Size (Circle One)	Est. Annual Income (As Reported to IRS)	Monthly Income	If Paid Two times per mo.	If Paid Every Two Weeks	Weekly Income
1	\$ 22,311	\$ 1,860	\$ 930	\$ 859	\$ 430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471
Each add'l family member add:	7,733	645	323	298	149

Is your income equal to or less than any of the amounts listed next to the number you circled?

Yes _____ No _____

Are your children eligible for free or reduced lunches, breakfasts, snacks or milk at their school(s)?

Yes _____ No _____

Is your family eligible for the Supplemental Nutrition Assistance Program (SNAP) – food stamps?

Yes _____ No _____

Does your family qualify for medical assistance under Medicaid?

Yes _____ No _____

Is your family receiving Supplementary Security Income (SSI)?

Yes _____ No _____

Does your family receive housing assistance (section 8)?

Yes _____ No _____

Does your family receive home energy assistance (LIHEAP)?

Yes _____ No _____

2. Please list all students in your household that attend school. (Enter the grade they will be entering in this fall. Write on back to list more than 5 students)

Name	Grade	School Attending in Fall 2017

3. Certification: I certify that the above information is, to the best of my knowledge, true and complete.

Signed: _____ Date: _____

¹Income Eligibility Guidelines for Reduced Priced Meals. Effective from July 1, 2017 to June 30, 2018 (Federal Register/ Vol.82, No. 67/ Monday, April 10, 2017/ Notices, pg. 17184)