



**College in the Schools
Data Enrollment Form**

Return To: Janet Gontarek
Central Lakes College
501 West College Drive
Brainerd, MN 56401
218-855-8134

This information is collected on all students accepted at our college. Complete the form by filling in the blanks or by checking the correct response.

Student Information

Today's Date _____

Last Name First Name Middle Name

Program Major Undeclared Fall ___ Spring ___ 20___ E-Mail _____

Date of Birth _____ CLC Tech ID or Social Security # _____ Male ___ Female ___

Graduation Year _____ High School _____

Cumulative GPA _____ High School Counselor Name _____

Address and Phone:

Street, Rural Route, P. O. Box

City State Zip

(____) _____

Telephone Number County

(____) _____

Cell Phone Number

Are you Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture, regardless of race)? Yes No

Racial background (select one or more):

- American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.
- Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent.
- Black or African American - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

CLC is committed to a policy of nondiscrimination in employment and education opportunity. No person shall be discriminated against in the terms and conditions of employment, personnel practices, or access to and participation in, programs, services, and activities with regard to race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, sexual orientation, or membership or activity in a local commission as defined by law. This information is available in alternative format upon a 48-hour advance request by contacting Disability Services at 800-933-0346, ext. 8175. Minnesota Relay Service: 800-627-3529 or 612-297-5353.