

**Post-Secondary Application for Admission**  
**Lex La-Ray Technical Center**  
Lexington, MO

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_  
Phone \_\_\_\_\_ Applicant 18 years of age or older? (circle) YES NO  
SS# \_\_\_\_\_ Program of Interest \_\_\_\_\_

Post-secondary students can complete the LLRTC programs in one school year on a full-time schedule of Mon-Fri 8:00am - 2:45pm. Or they can choose to complete the program in two school years on a part time schedule of either Mon-Fri 8:00am - 10:45am OR Mon-Fri 12:00pm - 2:45pm.

Are you applying for:      part-time morning      part-time afternoon      full-time

**Requirements for Admissions:**

1. Must be eighteen (18) years of age by class start date
2. Provide Official Copy of High School Graduation Transcript\* or 12th Grade GED Certificate
3. Provide transcripts from any other post-secondary institutions attended
3. Complete Lex La-Ray Technical Center Application and pay the Application Fee.
4. Provide documentation to show applicant is current on all state required immunizations.
5. Complete Entrance Interview with Adult Education Supervisor.
6. Provide copy of social security card.
7. Complete the Accuplacer Exam with the minimum score: Reading , 237; Writing, 237; and Arithmetic, 250.
8. If you attended the program you are applying for as a secondary student and maintained a “B” average then the Accuplacer Exam will be waived.

**High school or GED Information - please attach Official Transcript or copy of GED Certificate**

High school last attended \_\_\_\_\_ City \_\_\_\_\_  
Address of School \_\_\_\_\_ Date of Graduation \_\_\_\_\_  
Withdrawal date if did not graduate \_\_\_\_\_ Date of GED Certificate \_\_\_\_\_

**Please list all other schools or colleges attended after high school and attach transcripts**

School \_\_\_\_\_ Years attended \_\_\_\_\_ Dates attended \_\_\_\_\_  
Address \_\_\_\_\_

School \_\_\_\_\_ Years attended \_\_\_\_\_ Dates attended \_\_\_\_\_

Address \_\_\_\_\_

School \_\_\_\_\_ Years attended \_\_\_\_\_ Dates attended \_\_\_\_\_

Address \_\_\_\_\_

**Please list three references (Persons who can attest to your performance; not family members)**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Please write a short statement (50-200 words) on why you would like to attend Lex La-Ray Technical Center and how you plan to utilize the skills developed while in attendance.**

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**Background checks will be completed on all Post-Secondary applicants, as they will attend class with minors. Complete sections A, B, C, & D of the attached Worker Registration form and return it with the application. Space has been provided below for optional comment or explanation by the student in regards to any violation or conviction that might be revealed by any background check. Law violations and/or convictions are not cause for automatic non-admittance and will be reviewed on a case-by-case basis. If the applicant is currently assigned a Probation or Parole Officer, they must complete and return the attached Release of Information form.**

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**Post-Secondary Students are eligible to enroll on a space available basis. All applicants will be interviewed prior to admittance. As stated above, background checks will be completed on all Post-Secondary applicants, as they will attend class with minors. Random drug screenings may also be requested of Post-Secondary students during the school term.**

**Lex La-Ray Technical Center does not discriminate with regard to color, race, national origin, gender, religion, veteran's status, marital status, age or disability. Any person having inquiries concerning compliance should contact the Assistant Superintendent at 2323A High School Drive, Lexington, MO 64067 or 660-259-4369.**

**Gainful Employment Data & the Net Price Calculator can be found on our website at [www.lexlaray.com](http://www.lexlaray.com).**

**I hereby certify that to the best of my knowledge the preceding information is true. I understand that deliberate falsification and/or omission of information pertaining to this application may result in denial of admission OR immediate dismissal and full loss of credits.**

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Student Signature

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Date Signed