DODGE CITY COMMUNITY COLLEGE

DC3 Residence Life Office
2501 North 14th Avenue
Dodge City, KS 67801
Res Life Email: reslife@dc3.edu
Res Life Phone: (620) 227-9304

RESIDENCE LIFE HOUSING CONTRACT
2019-2020 ACADEMIC YEAR

Contract and Application fee must be received by July 1, 2019 for fall semester & December 15, 2019 for spring semester

I plan on living on campus (check all that apply): □ Fall 2019 □ Spring 2020

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

Social Security # _____ Gender: ___Female ___Male Birthdate:_____-_____-_____

Permanent Home Address:_____
Street or P.O. Box City State County Zip

Permanent Home Number:_____Student Cell Number:_____

Name of Legal Parent/Guardian:_____Phone:_____

Mailing Address:_____
(If different from above) Street or P.O. Box City State County Zip

Emergency Contact Name: _____Relationship: _____Phone: _____

MEDICAL / IMMUNIZATION INFORMATION- Please attach copies of Immunization and Insurance

PHYSICAL / MEDICAL CONDITIONS: List all physical / medical conditions that should be considered in making a hall or room assignment (such as unable to climb stairs) or that might be necessary to know in case of an emergency (**such as any medication taken regularly or any allergies**):

_____

_____

INSURANCE COMPANY:_____ _____
Policy or Group Number

ROOM ASSIGNMENT / PREFERENCE INFORMATION and MEAL PLAN SELECTION

ROOMMATE PREFERENCE Full Name:_____
(You will be paired with your requested roommate only when both students' contracts and application fees are received in the housing office and if space is available.)

Indicate which residence hall you prefer: _____*Jackson Hall (Women)* _____*Coleman - Webb*

_____*Becker Hall (Men)* _____*Shelden Hall (Men)*

All students residing in the residence halls will be automatically signed up for a 19 meals a week meal plan.

Will you participate in any DCCC extra-curricular activities or athletics? _____YES _____NO Which: _____

All applications for room assignments received after 7/1/2019 are based on availability.

Please enclose a non-refundable $150.00 application fee with this contract and return to:

Residence Life Office, Dodge City Community College, 2501 N 14th Avenue, Dodge City, KS 67801.

I understand that my agreement is for the entire academic year (Fall and Spring semesters). I hereby agree and acknowledge receipt of the attached Contract / Terms & Conditions which I have read and which are by this reference made a part of this agreement. The parties agree that this agreement is made in the State of Kansas and shall be interpreted in accordance with the laws of the State of Kansas. Completion of this contract does not guarantee availability of a residence hall space. I hereby authorize release of my name and address to my assigned roommate.

_____

Student Signature ***Co-signer/Parent Signature*** ***Date***

NOTICE OF NON-DISCRIMINATION – *Dodge City Community College does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities. The following persons have been designated to handle inquiries regarding the non-discrimination policies:* ***Federal Compliance Administrator,*** *2501 N. 14th Avenue, Dodge City, Kansas 67801, (620) 227-9119.*

FOR OFFICE USE ONLY

Date contract received: _____ Date application fee received: _____ Receipt number: _____