

**SHORT-TERM CLASS REGISTRATION FORM 2019-2020**

**PLEASE PRINT** Complete all parts of this form, front and back, and sign where indicated.

**REGISTRATION FOR:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> State Tested Nurse Aide | <input type="checkbox"/> Public Safety     | <input type="checkbox"/> Adult Diploma Program |
| <input type="checkbox"/> Fire                    | <input type="checkbox"/> Computer Training | <input type="checkbox"/> Phlebotomy            |

**Course Name:** \_\_\_\_\_ **Course Date (s)** \_\_\_\_\_

**Party Responsible for payment to school:**  Self  Agency/Company \_\_\_\_\_

**Current Employer:** \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Social Security No.      Last Name      First Name      MI      Maiden Name

\_\_\_\_\_  
 Street Address      City      State      Zip Code

\_\_\_\_\_  
 Telephone Number      Cell Phone Number      County of Residence

\_\_\_\_\_  
 E-mail address      Date of Birth

**Sex:**  Male  Female      **Marital Status:**  Single  Married  Widowed  Divorced  Separated

**Required Information:**

**Age Group:**

- Under 18
- 18 - 24
- 25 - 39
- 40 and above

**Economically Disadvantaged Family/Individual**

Please check this box if **number of persons AND total income** are AT OR below the dollar amounts shown below.

| Persons | Income          | Persons | Income       |
|---------|-----------------|---------|--------------|
| 1       | ..... \$ 12,760 | 5       | ..... 30,680 |
| 2       | ..... 17,240    | 6       | ..... 35,160 |
| 3       | ..... 21,720    | 7       | ..... 39,640 |
| 4       | ..... 26,200    | 8*      | ..... 44,120 |

\*Add \$4,480 for each additional person

**Race/Ethnic: Check all that apply!**

**Racial Background:** (Note: the following information is required for state and federal reports and is kept strictly confidential – optional)

- |   |   |
|---|---|
| <input type="checkbox"/> Nonresident Alien          | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> African American           | <input type="checkbox"/> Hispanic/Latino  |
| <input type="checkbox"/> Asian                      | <input type="checkbox"/> American Indian  |
| <input type="checkbox"/> White                      |   |
| <input type="checkbox"/> Race and ethnicity unknown |   |

**Special Population:**

- Unemployed
- Disabilities
- Non-Traditional Training & Employment
- Single Parent
- Displaced Homemaker
- Limited English Proficiency

**\*Phlebotomy and State Tested Nurse Aide only!** Have you ever been convicted of any violation of law by civilian or military court, other than minor traffic violations, regardless of the date of conviction (including sealed or expunged records)? Please mark correct response. Failure to disclose a criminal record will be considered falsification on this application.

Yes  No

If you marked **YES**, please explain:

**If accepted into Phlebotomy or the State Tested Nurse Aide program, you will be fingerprinted!**

Have you resided in Ohio for the past 12 months and/or do you otherwise meet Ohio residency requirements?  Yes  No  
If No -- list state of legal residence \_\_\_\_\_

Have you ever been subject to an involuntary civil commitment after completing a period of incarceration for a forcible or non-forcible sexual offense?  Yes  No

Have you been convicted for possession or sale of illegal drugs for an offense that occurred while you were receiving federal student aid?  Yes  No

Are you a US citizen?  Yes  No Are you a US Veteran?  Yes  No

**FAMILY INFORMATION:**

Spouse/Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**EDUCATION INFORMATION:**

Are you a high school graduate?

**Yes** Year Graduated \_\_\_\_\_ Name of School \_\_\_\_\_

**No** Please provide the following GED Information:

Have you passed the GED test?  Yes Year Completed \_\_\_\_\_

If yes for either, has it been within the past 12 months?  Yes  No

**Attended college?**  Yes  No If yes, do you have a college degree?  Yes  No Degree \_\_\_\_\_

If yes, list name and state of college location \_\_\_\_\_

**Adult Education Record of Release**

**Mid-East CTC, Adult Education has my permission to release the following information:**

All of the following information  Attendance  Transcript of Grades  Final Evaluation  Financial Aid Information

**Mid-East CTC, Adult Education has my permission to release the above information to the following people:**

Anyone  Spouse  Parent/Guardian  Funding Agency

\_\_\_\_\_(Initial) I also authorize the Mid-East CTC, Adult Education to release my educational records, which includes my name, social security number, student ID number, and date of birth, to the **Ohio Department of Higher Education and the Ohio Department of Job and Family Services**. The agency use of these records is limited to and in connection with the audit and evaluation of Federally-supported education programs, or in connection with the enforcement of the Federal legal requirements, that relate to such programs.

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

**Medical Information: (Required if class is longer than one day)**

Yes  No If you should become physically or mentally unable to secure medical attention for yourself, do you grant the school officials authority to obtain medical attention and treatment for you.

In case of an emergency, notify:

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Relationship to student \_\_\_\_\_

My goal, in attending Mid-East CTC, Adult Education, is to obtain an adult vocational certificate.

**I certify the information given is accurate to the best of my knowledge and recognize that deliberately giving false information on this form can be grounds for dismissal from school and could result in owing a refund on any funding received or payments made.**

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

Mid-East Career and Technology Centers, in accordance with federal regulations, does not discriminate on the basis of sex, race, color, religion, age or handicaps which are not related to performance, or national origin.