

**TRUCK DRIVER TRAINING REGISTRATION FORM 2018-2019**  
**PLEASE PRINT** - Complete all parts of this form, front and back, and sign where indicated.

**REGISTRATION FOR:**     **TRUCK DRIVER TRAINING – 80 HOURS**     **TRUCK DRIVER TRAINING – 160 HOURS**

Course Start Date \_\_\_\_\_ Driver's License # \_\_\_\_\_ Issuing State \_\_\_\_\_

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

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

Primary Phone Number \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_ County of Residence \_\_\_\_\_

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

PLEASE CHECK ALL THAT APPLY:			
<input type="checkbox"/> Please check this box if the number of persons <b>AND</b> total household income are <b>AT OR</b> below the dollar amounts shown below:			
<u>Persons</u>	<u>Income</u>	<u>Persons</u>	<u>Income</u>
1.....	\$11,880	3.....	\$20,300
2.....	\$16,020	4.....	\$24,300
		5.....	\$28,440
		6.....	\$32,580
		7.....	\$36,730
		8*	\$40,890
*Add \$4,160 for each additional person			
Age:	<input type="checkbox"/> Under 18	<input type="checkbox"/> 18 – 24	<input type="checkbox"/> 25 – 39 <input type="checkbox"/> 40 and above
Race:	<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
Check all that Apply:	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Disabilities	<input type="checkbox"/> Non-Traditional Training & Employment <input type="checkbox"/> Single Parent
	<input type="checkbox"/> Displaced Homemaker	<input type="checkbox"/> Limited English Proficiency	
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
US Citizen:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
US Veteran:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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 \_\_\_\_\_

**FAMILY/MEDICAL EMERGENCY CONTACT INFORMATION:**

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:

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

**EDUCATION LEVEL:**

- Less than HS     HS Diploma     GED/HS Equivalency     Some College or Trade School     Associate Degree  
 Bachelor Degree or Higher     Home School Diploma from \_\_\_\_\_

**PAYMENT INFORMATION:** To pay by credit card please call 740-455-3111. Is an employer or other company/agency paying your tuition? Please fill out the information below. Agency voucher required prior to enrollment. By signing, company agrees to abide by refund policy below.

Company Responsible \_\_\_\_\_

Company Billing Address \_\_\_\_\_

Company Official's Authorizing **Name Printed** \_\_\_\_\_

Company Official's Authorizing **Signature** \_\_\_\_\_

Refund Policy is based upon the cost of tuition. If a student withdraws:	
Period of Enrollment	% Refund
0-4 days	100%*
At day 5 -10%	90%*
11-30%	75%*
31-50%	50%*
51-60%	25%*
61-100%	0%*

\*In addition to any tuition retrained by the District under the Refund Policy, if books, tools or supplies have been opened/used they cannot be returned and the student is responsible for payment. All monies in excess of charges owed will be refunded. Refunds will be made within 30 days of the date the Treasurer's Office receives notification of cancellation and/or withdrawal.

Please answer the following questions by checking the appropriate box:	YES	NO
1. Have you been convicted of more than 3 moving violations in the last 3 years?		
a. How many points do you have your driver's license?		
2. Have you ever had an alcohol related violation?		
3. Has your driver's license been suspended or revoked in the last 10 years?		
4. Have you been convicted of use, sale or possession of a narcotic drug?		
5. Have you ever been convicted of a felony or misdemeanor?		
6. Have you ever been subject to an involuntary civil commitment after completing a period of incarceration for a forcible or non-forcible sexual offense?		
7. Have you ever had heart problems, epilepsy, high blood pressure, back problems or diabetes?		
8. Are you currently taking any prescription medication?		
9. Do you snore loudly or stop breathing in your sleep?		

If you have answered YES to any of the above questions, please Explain:

\_\_\_\_\_

\_\_\_\_\_

**WAIVER STATEMENT:**

I, the undersigned, clearly understand that a YES to any of the above questions will prohibit me from obtaining employment as a semi tractor/trailer driver or passing the Department of Transportation physical drug screening. I also understand that I am responsible for providing the Coordinator a copy of my Driver's Abstract from the Department of Motor Vehicles prior to starting class. I must pass a Department of Transportation physical and drug screen. I have also read and understand the refund policy.

Student Signature \_\_\_\_\_ MECTC Representative Signature \_\_\_\_\_

<b>Adult Education Record of Release</b>	
<b>Mid-East CTC, Adult Education has my permission to release the following information:</b>	
<input type="checkbox"/> All of the following information <input type="checkbox"/> Attendance <input type="checkbox"/> Transcript of Grades <input type="checkbox"/> Final Evaluation <input type="checkbox"/> Financial Aid Information	
<b>Mid-East CTC, Adult Education has my permission to release the above information to the following people:</b>	
<input type="checkbox"/> Anyone <input type="checkbox"/> Spouse <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> 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 <b>Ohio Department of Higher Education and the Ohio Department of Job and Family Services</b> . 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 _____

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.