

**SHORT-TERM CLASS REGISTRATION FORM 2018-2019**

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

**REGISTRATION FOR:**

- STNA                       PUBLIC SAFETY                       MEDICATION AIDE                       ADULT DIPLOMA PROGRAM  
 FIRE                               COMPUTER TRAINING                       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	..... \$ 11,880	5	..... 28,440
2	..... 16,020	6	..... 32,580
3	..... 20,160	7	..... 36,730
4	..... 24,300	8*	..... 40,890

\*Add \$4,160 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)

- Nonresident Alien                       Pacific Islander  
 African American                       Hispanic/Latino  
 Asian                                       American Indian  
 White  
 Race and ethnicity unknown

**Special Population:**

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

**\*Phlebotomy, STNA, and Medication 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, STNA, or the Medication 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.