

FOUR COUNTY CAREER CENTER - ADULT WORKFORCE EDUCATION
STUDENT REGISTRATION FORM (PLEASE PRINT!)

Course Name _____ Number _____

Registration Date _____ Start Date _____ End Date _____

First Name _____ Middle In _____ Last Name _____ Social Security # _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Date Of Birth _____ Gender Female _____ Male _____ Us Citizen Yes _____ No _____

Email Address _____ Maiden Or Other Former Name _____

Employer Name & Address _____

Workkeys Results Test Date _____ Math _____ Reading _____ Locating _____

Do You Have Any Felonies? Yes No Month/Year _____ Please Explain _____

Ethnic Origin

- Black or African American
- Asian
- Caucasian (White)
- Hispanic/Latino
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Two or More Races
- Race & Ethnicity Unknown

Please Check All That Apply

- Single Parent
- Disabled
- Financially Disadvantaged
- Limited English Skills Proficiency
- Displaced Homemaker
- Not Disadvantaged
- Non-Traditional Student
(Pursuing Training That The Opposite Sex Typically Takes)

Marital Status

- Never Married
- Married
- Separated
- Divorced
- Spouse Deceased

Education History *(Please Check All That Apply)*

- High School Diploma
- G.E.D.
- Associates Degree
- Bachelor's Degree
- Doctorate

Name Of High School _____ High School Graduation Year _____

Is This Your First Time Attending School Since High School? Yes No

Are You Enrolling In These Classes Within 12 Months Of Completing High School Or Your GED? Yes No

How Did You Hear About Four County Adult Education? *(Please Check All That Apply)*

- Newspaper
- Radio
- Billboard
- Four County Catalog
- Friend
- Relative
- Co-Worker
- NW Ohio Job Center
- Four County Adult Student
- Employer
- Other _____
- Referred By _____

Emergency Medical Information

Do You Have Any Specific Health Conditions, Disabilities, Or Take Any Special Medications Of Which The School Should Be Aware?

Yes No Please List: _____

I Understand That My Enrollment Is Voluntary And That I Shall Not Hold The Four County Joint Vocational School District, Board Of Education, Or School Officials For Any Injury Resulting From My Action Or Conduct. In The Event Of An Emergency, I Give My Permission For The School Staff To Contact An Ambulance Service And Facilitate Medical Attention As Necessary. (Four County Adult Education Assumes No Fiscal Responsibility For The Student If Given Treatment And/Or Admissions To Medical Facilities.)

Preferred Hospital: _____

STUDENT'S SIGNATURE _____

DATE _____

Emergency Medical Information

Name: _____ Relationship _____ Phone: (_____) _____

Student Certification/Resources

Will you be receiving additional resources to cover your tuition? Yes _____ No _____

If yes, please list agency/company/department's name and address: _____

Will you be applying for any of the following? (Please circle YES or NO)

Yes _____ No _____ PELL Grant (only available for Paramedic and Precision Machine Training)

Yes _____ No _____ Veterans (only available for Basic EMT and Paramedic)

Yes _____ No _____ WIA (Workforce Investment Act) Name of County: _____

Other: _____

Have you received any financial aid before? (Pell, Student loans, etc.) Yes _____ No _____

If yes, your most recent date aid was received (month/year): _____

School attended while receiving aid? _____

Will you be attending any other school while attending Four County? Yes _____ No _____

Name of school: _____

If male, are you registered with Selective Service? Yes _____ No _____

I certify that all information reported to qualify for Federal Aid is complete and correct. I do not owe a refund on any Pell grant, I am not in default on any student loans and have not borrowed in excess of the loan limits, under the Federal Title IV Programs, at an institution.

Student's Signature: _____ Date: _____

Please Read And Initial Each Item.

____ I certify that all information given on this application is accurate to the best of my knowledge.

____ I understand that all tuition & fees are due at the beginning of the program.

____ I agree to follow all Four County Adult Education policies and procedures as stated in the student handbook.

____ I understand that should I withdraw or be dismissed from a training program, I may be responsible for all tuition and fees based upon Four County Adult Education's refund policy. (located in the student handbook)

____ Four County Adult Education may share my educational progress information with any agency which may be providing financial assistance.

____ I authorize Four County Adult Education to share my educational progress information with prospective employers. I will notify a staff member if I do not want my information shared with a particular employer.

For Public Safety Students Only:

All Advanced, Paramedic, Fire I And Fire II Students Will Need To Supply A Copy Of Your Current State Certification Card.

Please answer the following questions:

1. Have you been convicted of, pled guilty to, or had judicial finding of guilty for any of the following:

A. A felony

B. Driving under the influence committed in the course of practice.

C. A misdemeanor involving moral turpitude.

D. A violation of any federal, state, county or municipal narcotics law.

E. Any act committed in another state that, if committed in Ohio, would constitute a violation set forth in 4765-8-1 (a) (3) of the Ohio Administrative Code? Yes _____ No _____

2. Have you ever been adjudicated mentally incompetent by a court of law? Yes _____ No _____

3. Do you currently engage in the illegal use of controlled substance, alcohol or other habit-forming drugs or chemical substances? Yes _____ No _____

4. Have you ever committed fraud or material deception in applying for, or obtaining a certification to practice issued under Chapter 4765 of the Ohio Revised Code? Yes _____ No _____

5. Have you ever been dismissed or withdrawn from any educational program? Yes _____ No _____

If you answered YES to any of the above, please contact the lead instructor after orientation.

I attest that all the provided information is true and accurate to the best of my knowledge and I understand that a false statement on this application constitutes falsification of information as stated in the student handbook and will result in being disqualified from the Public Safety Program at Four County Career Center.

Student's Signature: _____ Date: _____

Admission is open to anyone 16 years of age or older. Classes are open to all students regardless of race, color, religion, national origin, sex or handicap.