



Registration Form

Please print clearly and return to the Adult Education Office, 3325 Shawnee Road, Lima, OH 45806. Please complete the form to the best of your ability. Place an "N/A" in fields where information is not applicable.

| GENERAL INFORMATION | | | |
|--|---|---|------------------------------------|
| Former or current students who have had a name change MUST SUBMIT proof of legal name change: certified copy of court order, marriage certificate or dissolution decree reflecting current name in full. | | | |
| First Name | MI: | Last Name: | Suffix (Jr., III, etc) |
| Maiden / Former Last Name: | Birth Date: | Gender: Male Female | Social Security #: |
| Cell Phone Number: | Allow Apollo Notification Texts: Yes No | Email Address: | |
| Emergency Phone Number: | Emergency Contact Name: | | Relationship to Emergency Contact: |
| Street Address: | | | |
| City: | State: | Zip Code: | County: |
| PREVIOUS EDUCATION | | | |
| Highest Education Level: | | Do you have a high school diploma or GED/HSE? | |
| Less than High School Diploma | | High School Diploma | GED/HSE |
| High School Graduate | GED/HSE | If you graduated from High School or obtained your GED/HSE, when did you do so (mm/yyyy)? | |
| Some College | Technical Certificate | If you graduated from High School, provide the school name and city/state: | |
| Associate's Degree | Bachelor's Degree | | |
| Master's Degree | Doctorate Degree | | |
| ACADEMIC INTENTIONS | | | |
| Program(s) of Interest: | | Proposed Start Date: | |
| Type of Admission: | | | |
| Beginning as a first time post-secondary student | Transferring from another college or career center | Returning previously attended Apollo Adult Education | |

| EMPLOYMENT INFORMATION | | | | |
|---|-------------------------|---|---|--|
| Employment Status: | | | | |
| Full-time Employment | Part-time Employment | Homemaker | Retired | Unemployed / Out-of-Work |
| If employed, Employer Name: | | | | |
| Employer Address: | | | Employer Phone Number: | |
| Name of Supervisor: | | | If unemployed , are you a dislocated worker? | |
| | | | Yes | No |
| PERSONAL INFORMATION | | | | |
| The following information is required of the school to comply with the U.S. Department of Education reporting requirements and for other statistical purposes. This information is not used in either school or program admission decisions; it is considered voluntary. Your responses will be kept confidential within the provision of the Rehabilitation Act of 1973. | | | | |
| Marital Status: | | | | |
| Single | Married | Separated | Divorced | Widowed |
| Housing Plans: | | | | |
| With Parent | | Off Campus | | |
| Indicate your ethnicity: | | Indicate one or more racial categories: | | |
| Hispanic/Latino | Non-Hispanic/Non-Latino | Black / African American | American Indian / Alaska Native | White |
| | | Asian American | Native Hawaiian / Other Pacific Islander | |
| Are you a veteran/currently in the armed service or reserve? | | Are you a US Citizen? | If not a U.S. citizen, list country of legal citizenship: | INS Classification: |
| Yes | No | Yes | No | Student Visa Permanent Resident (Greencard) |
| DISABILITIES: | | | | |
| May be any one of the following: Deaf or Hearing Impaired, Developmentally Handicapped, Orthopedically Impaired or Other Health Impaired, Seriously Emotionally Disturbed, Speech or Visually Impaired, or have a Learning Disability. | | | | |
| ECONOMICALLY DISADVANTAGED: | | | | |
| If you or any person in your household is receiving benefits from any federal program: Medicaid, SSI, Food Stamps (SNAP), Free or Reduced School Lunch, TANF, or WIC or your annual household income does not exceed 200% of federal poverty guidelines. | | | | |
| LIMITED ENGLISH PROFICIENCY: | | | | |
| An individual who was not born in the United States or whose native language is language other than English. | | | | |
| SINGLE PARENT/SINGLE PREGNANT: | | | | |
| An individual who is unmarried or legally separated from a spouse and has or is expecting a minor child or children for which the parent has custody or joint custody. | | | | |
| OUT-OF-WORK INDIVIDUAL: | | | | |
| A person that previously provided unpaid care services for family member(s), is now seeking employment but is currently unemployed or underemployed and experiencing difficulty in obtaining or upgrading employment. | | | | |
| FOSTER CARE: | | | | |
| Were you in or aged out of the foster care system? | | YES | NO | |
| ACTIVE DUTY: | | | | |
| Is your parent(s) or spouse on active duty with the armed forces? | | YES | NO | |
| ADDITIONAL INFORMATION | | | | |
| How did you hear about us (select one or more)? | | | | |
| Catalog | Website | Billboards | Funding Agency | Social Media |
| Word of Mouth | Employer | TV/Newspaper Ad | ASPIRE | Internet Search |

| | | |
|--|------------------------------|--|
| Have you ever attended Apollo High School? | If yes, what program / Year? | If applicable, what was your name when you attended? |
| YES | NO | |

| | | |
|--|------------------------------|--|
| Have you ever attended Apollo Adult Education? | If yes, what program / Year? | If applicable, what was your name when you attended? |
| YES | NO | |

MEDICAL INFORMATION

| | |
|--|--------------------------|
| Do you have a medical condition that Apollo needs to be aware of for emergency purposes? | If yes, please describe: |
| YES | NO |

THIRD PARTY INFORMATION

Is an employer or other company/agency paying your tuition? Please fill out the information below. **Please print clearly.** Agency voucher required prior to enrollment. By signing, company agrees to abide by Apollo's refund policy shown below.

Company/Agency Name: _____

Billing Address: _____

Official Authorizing Agent Name: _____

Official Authorizing E-Mail: _____

Official Authorizing Signature: _____

REFUND POLICY

Career Enhancement (under 10 hours) & Special Interest Classes:

If a student cancels enrollment 3 business days prior to the class start date, a full refund will be given. Any no shows or last-minute cancellations will not be refunded.

If the class is cancelled by Apollo Career Center, a full refund will be given, along with the option to transfer to another class.

Career Development Classes (Accreditor Approved Programs) & Career Enhancement Classes (over 10 hours)

| | |
|---|--------------|
| If a student withdraws: | |
| On or before the first day of class and during the first 3% of the total hours of the program | 100% refund* |
| After the first 3% of the total hours of the program and until the end of the first 25% | 75% refund* |
| After the first 25% of the total hours of the program and until the end of the first 50% | 50% refund* |
| After the first 50% of the total hours of the program and until the end of the first 75% | 25% refund* |
| After the first 75% of the total hours of the program. | 0% refund* |

*In addition to any tuition retained 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. Refunds, when due, are made within 45 days: (1) of the last day of attendance if written notification has been provided to the institution by the student, or (2) from the date the institution terminates the student or determines withdrawal by the student.

For Non-Title IV programs (less than 600 clock hours): Students enrolled in accredited programs that are not Title IV eligible may be permitted a one-time transfer to the class immediately following the class in which they are enrolled to complete hours with no additional charges. Students who do not return as scheduled will be considered withdrawn and charged according to the Refund Policy. Certain programs may not be able to accommodate a transfer, the Program Manager will determine if a one-time transfer is allowable.

I have read and understand the Apollo Career Center Policies listed above. (sign & date below)

Student Signature: _____ Date: _____