



Registration Form

Please print clearly and return to the Adult Education Office, 3325 Shawnee Rd. 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: <input type="radio"/> Male <input type="radio"/> Female	Social Security #:
Mobile Phone:	Allow Apollo Notification Texts: Yes <input type="checkbox"/> No <input type="checkbox"/>	Email Address:	
Home Phone:	Emergency Phone:	Emergency Contact and Relationship:	
Street Address:			
City:	State:	Zip:	County:
PREVIOUS EDUCATION			
Highest Education Level: <input type="radio"/> Less than High School Diploma <input type="radio"/> High School Graduate <input type="radio"/> GED <input type="radio"/> Some College <input type="radio"/> Technical Certificate <input type="radio"/> Associates Degree <input type="radio"/> Bachelor's Degree <input type="radio"/> Master's Degree <input type="radio"/> Doctorate Degree		Do you have a high school diploma or GED? <input type="radio"/> High School Diploma <input type="radio"/> GED	
		If you have graduated from High School or obtained a GED, when did you do so (mm/yyyy)?	
		If you have graduated from High School, provide the school name and city/state:	
ACADEMIC INTENTIONS			
Program(s) of Interest: _____		Proposed Start Date: ____/____/____	
Type of Admission: <input type="radio"/> Beginning as a first time Post-secondary student <input type="radio"/> Transferring from another Post-secondary Institution <input type="radio"/> Returning (previously attended Apollo as a Post-secondary student)			

EMPLOYMENT INFORMATION

Employment Status:
 Full-time Employment
 Part-time Employment
 Homemaker
 Retired
 Unemployed

If **employed**, Employer Name:

Employer Address: _____ Employer Phone: _____

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

Indicate your ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Non-Latino	Indicate one or more racial categories: <input type="checkbox"/> Black /African <input type="checkbox"/> White <input type="checkbox"/> Asian American <input type="checkbox"/> American Indian /Alaska Native <input type="checkbox"/> Native Hawaiian /Other Pacific Islander	Are you a veteran? <input type="radio"/> Yes <input type="radio"/> No
Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	If not a U.S. citizen, list country of legal citizenship:	INS Classification: <input type="radio"/> Permanent Resident (green card) <input type="radio"/> Student Visa

Permanent Resident Alien Registration #:

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 are receiving any funding, other than by an employer to attend this class or if you are unemployed you are considered economically disadvantaged. You may also be considered economically disadvantaged if your total annual income is less than these amounts for the total number of persons living in your household.
 1 - \$18,130 2 - \$24,420 3 - \$30,710 4 - \$37,000 5 - \$43,290 6 - \$49,580 (each additional person add \$6,290)



Registration Form

LIMITED ENGLISH PROFICIENCY:

An individual who was not born in the United States or whose native language is language other than English.

SINGLE PARENT:

An individual who is unmarried or legally separated from a spouse and has a minor child or children for which the parent has custody or joint custody.

DISPLACED HOMEMAKER:

A person who has worked primarily without pay as a homemaker, who has diminished marketable skills, who through separation, divorce, widowhood, or disability of spouse has lost a major source of financial support or who has become ineligible for public assistance as the parent of a needy child.

NON-TRADITIONAL STUDENT:

Non-traditional CTE programs prepare students for occupations or fields of work in which individuals from one gender comprise less than 25% of the individuals employed in those occupations or fields of work. Female nontraditional occupations are those where less than 25% of individuals employed are female. Male nontraditional occupations are those where less than 25% of the individuals employed are male.

ADDITIONAL INFORMATION

How did you hear about us (select one or more)?

- Catalog
 Website
 Billboards
 Funding Agency
 Radio
 Television
 Friend/Family
 Social Media
 Other _____

Have you ever attended Apollo High School?

- Yes No

If yes, which program and year?

If applicable, what was your name when you attended?

Have you ever attended Apollo Adult Education Training?

- Yes No

If yes, which program and year?

If applicable, what was your name when you attended?

MEDICAL INFORMATION

Do you have a medical condition that Apollo needs to be aware of for emergency purposes?

- Yes No

If yes, please describe:



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THIRD PARTY INFORMATION

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 on following page.

Company Responsible _____

Company Billing Address _____

Company Official's Authorizing **Name Printed:** _____

Company Official's Authorizing **Signature** _____

REFUND POLICY

Career Enhancement & Special Interest Classes:
Refunds will be made only before the second class begins.
In the event that you withdraw, you will be responsible for any dollar amount NOT covered by funding sources.
A \$25 registration fee plus any expenses incurred will be deducted from refund amount for all withdrawals.

Career Development Classes (Accreditor Approved Programs) - If a student withdraws:	Refund Amt:
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** _____