



## 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"/> <b>Beginning</b> as a first time Post-secondary student <input type="radio"/> <b>Transferring</b> from another Post-secondary Institution <input type="radio"/> <b>Returning</b> (previously attended Apollo as a Post-secondary student)			



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EMPLOYMENT INFORMATION			
Employment Status: <input type="radio"/> Full-time Employment <input type="radio"/> Part-time Employment <input type="radio"/> Homemaker <input type="radio"/> Retired <input type="radio"/> Unemployed			
If <b>employed</b> , Employer Name:			
Employer Address:		Employer Phone:	
If <b>unemployed</b> , are you a dislocated worker? Yes <input type="checkbox"/> No <input type="checkbox"/>			
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: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> 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 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 #:	
<b>DISABILITIES:</b> 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.			
<b>ECONOMICALLY DISADVANTAGED:</b> 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.			



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<b>LIMITED ENGLISH PROFICIENCY:</b> An individual who was not born in the United States or whose native language is language other than English.		
<b>SINGLE PARENT/SINGLE PREGNANT:</b> 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.		
<b>FOSTER CARE:</b> Were you in or aged out of the foster care system? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A		
<b>ACTIVE DUTY:</b> Is one of your parents on active duty with the armed forces? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A		
<b>OUT-OF-WORK INDIVIDUAL:</b> 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.		
<b>ADDITIONAL INFORMATION</b>		
How did you hear about us (select one or more)?		
<input type="radio"/> Catalog <input type="radio"/> Website <input type="radio"/> Billboards <input type="radio"/> Funding Agency <input type="radio"/> Social Media <input type="radio"/> Word of Mouth <input type="radio"/> Employer <input type="radio"/> TV/Newspaper Ad <input type="radio"/> ASPIRE <input type="radio"/> Internet Search		
Have you ever attended Apollo High School?	If yes, which program and year?	If applicable, what was your name when you attended?
<input type="radio"/> Yes <input type="radio"/> No		
Have you ever attended Apollo Adult Education Training?	If yes, which program and year?	If applicable, what was your name when you attended?
<input type="radio"/> Yes <input type="radio"/> No		
<b>MEDICAL INFORMATION</b>		
Do you have a medical condition that Apollo needs to be aware of for emergency purposes?	If yes, please describe:	
<input type="radio"/> Yes <input type="radio"/> No	<hr/> <hr/> <hr/> <hr/>	



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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 (under 10 hours) & Special Interest Classes:
If a student cancels 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)	Refund Amt:
<b>If a student withdrawals:</b>	
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** \_\_\_\_\_