



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



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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:

- Hispanic/Latino
 Non-Hispanic/Non-Latino

Indicate one or more racial categories:

- Black /African
 White
 Asian American
 American Indian /Alaska Native
 Native Hawaiian /Other Pacific Islander

Are you a veteran?

- Yes
 No

Are you a U.S. Citizen?

- Yes No

If not a U.S. citizen, list country of legal citizenship:

INS Classification:

- Permanent Resident (green card)
 Student Visa

Permanent Resident Alien Registration #:

DISABILITIES:

Maybe 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.



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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.

FOSTER CARE:

Were you in or aged out of the foster care system? Yes No N/A

ACTIVE DUTY:

Is one of your parents on active duty with the armed forces? Yes No N/A

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.

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?

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 (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:
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** _____



EMT Registration Form

HAVE YOU BEEN CONVICTED OF, PLED GUILTY TO, OR HAD A JUDICIAL FINDING OF GUILT FOR ANY OF THE FOLLOWING:

Fraud or material deception in applying for, or obtaining a certificate to practice, or any felony or misdemeanor other than a traffic violation committed in the course of practice. A misdemeanor involving moral turpitude; A violation of any federal, state county or municipal narcotics law; any act committed in another state, that, If committed in Ohio would constitute a violation set forth in 4765-8-01 (A) (3) (B) of the Ohio administrative code.

YES NO

HAVE YOU BEEN ADJUDICATED MENTALLY INCOMPETENT BY A COURT OF LAW?

YES NO

ARE YOU CURRENTLY UNDER INDICTMENT FOR A FELONY OR MISDEMEANOR INVOLVING MORAL TURPITUDE?

YES NO

DO YOU CURRENTLY ENGAGE IN THE ILLEGAL USE OF CONTROLLED SUBSTANCES, ALCOHOL, OR OTHER HABIT-FORMING DRUGS OR CHEMICAL SUBSTANCES?

YES NO

IF YOU HAVE CHECKED YES FOR ANY OF THE ABOVE, THEN YOU MUST SUBMIT DOCUMENTATION AND COURT RECORDS TO EXPLAINING THE CIRCUMSTANCES IN YOUR CASE. DOCUMENTATION SHOULD INCLUDE A CERTIFIED JUDGEMENT ENTRY FROM THE COURT WHERE THE CONVICTION OCCURRED AND A COPY OF THE POLICE INVESTIGATIVE REPORT.

MANDATORY REQUIREMENTS FOR ALL STUDENTS IN ALL EMT COURSES:

- Student must have a social security number.
- Student must be 17 years of age.
- Student must be in the 12th grade or out of high school.
- Student must attend 90% of class hours, complete make-up work as assigned and pass all written and skill performance criteria prior to testing.
- Student must have current valid, non-suspended driver's license.
- Student must provide documentation of all immunizations and vaccinations including MMR, DPT, Flu and TB.

SPONSORED STUDENT MUST HAVE A SIGNED REGISTRATION FORM TURNED IN WITHIN 7 DAYS OF THE FIRST CLASS.

NON-SPONSORED STUDENTS: **\$695.00** MUST BE PAID AT REGISTRATION. TUITION MUST BE PAID IN FULL PRIOR TO SITTING FOR THE FINAL EXAM.

NON-SPONSORED EMT REFRESHER STUDENTS MUST BE PAID IN FULL BY THE FIRST CLASS.

The above information is true and correct to the best of my knowledge. I authorize the release of my state examination scores to Ohio Public Safety Services and APOLLO CAREER CENTER.

Applicant's Signature

Date



RELEASE AGREEMENT (For EMT & EMT Refresher)

I, _____, have read and understand the requirements for entering the above training. By my signature I declare that I meet the requirements for entering the above training. By my signature I declare that I meet the requirements of the U.S. Department of Transportation and that I understand the criteria of Apollo Career Center.

Student Signature

Date

The above applicant is a student of my class, and I will require this student to meet all Ohio Public Safety Services training requirements before recommending this student for the state examination. Further, I personally perform all of the Ohio Public Safety Services and Apollo Career Center's instruction requirements.

Instructor Signature

Date

Waiver of Liability Apollo Public Safety Program

Hepatitis B infection is a viral infection of the liver which may be transmitted from person to person by direct contact with blood/body fluids, secretions, or excretions of the infected person. This can be transmitted from individuals who are carriers of the disease to EMS personnel. A carrier of Hepatitis B is defined as a person who may or may not have symptoms of the infection, and in whom the virus remains alive in the blood or other body fluids. Hepatitis B infections may result in chronic infection of the liver, cirrhosis, and less frequently, liver cancer.

The Hepatitis vaccine is recommended for persons who are or will be at increased risk of infection with Hepatitis B virus, including those in our profession. As part of your class all students are required to spend time in a hospital emergency department as well as time riding with EMS squads conducting clinical patient assessments. This patient contact will put at an increased risk for exposure to infected blood and body fluids.

Apollo Career Center and our Medical Director, Dr. Brookens, strongly recommend all EMS students complete the Hepatitis B vaccination series prior to any patient contact during your clinical portion of class. This series can take up to six months to complete. If you decide not to obtain the Hepatitis B vaccination prior to the clinical portion of class please sign the release below.

I acknowledge the risks of contracting Hepatitis B during patient contact during the clinical portion of EMT class through Apollo Career Center. I acknowledge I have read and understand the foregoing information regarding Hepatitis B and have chosen not to receive the Hepatitis B vaccination. I agree to hold harmless Apollo Career Center, program directors, program faculty, school employees and all affiliates to include but not limited to; clinical sites, site employees and/or anyone affiliated with the clinical sites. IN SIGNING THIS RELEASE, I acknowledge and represent that I have read the foregoing Waiver of Liability, understand it and sign it voluntarily as my own, free act and deed, and am fully competent and agree with the terms and sign it as such.

Student's Printed Name (or parent if a minor)

Signature

Date



Apollo Emergency Medical Technician (EMT)

Drug Screen Policy

Students enrolled in any Apollo Emergency Medical Technician (EMT) Program may be required to test negative for a 9 or 10 panel urine drug screening test prior to entering clinical practice environments. All test results, positive or negative, will be sent to the appropriate program manager. In the event of a diluted or positive result, students will not be permitted into the clinical setting. **Costs for the testing will be the responsibility of the student.**

In the event of a diluted or positive test result the student may refute the results by:

1. Providing the appropriate program manager verification of prescribed medications that may result in a positive result
2. Retest at student's own expense; and provide the results of the second test, whether negative or positive to the appropriate program manager.

If the second result is negative and not diluted, the student will be permitted in the clinical setting and as long as this meets institutional policy.

Students testing positive on the second test:

1. Will not be permitted into the clinical practice environments and may be dismissed from the program as per specific program policies.
2. The student may re-apply for admission into a program but must first provide appropriate documentation from a certified drug/alcohol counselor indicating the students' readiness to reapply to Apollo Emergency Medical Technician (EMT) along with prognosis for a full recovery.

Any instructor or manager of an Apollo Emergency Medical Technician (EMT) may request a drug screen given reasonable cause. If in the clinical setting, the clinical instructors will follow that institution's policy.

Note: Any student seeking admission into an Apollo Emergency Medical Technician (EMT) who knowingly and intentionally attempts to provide a diluted or substitute urine specimen for testing will automatically lose their eligibility to be admitted into class or put on the roster.

Any current student enrolled in an Apollo Emergency Medical Technician (EMT) who knowingly and intentionally attempts to provide a diluted or substitute urine specimen for testing will be subject to disciplinary action which may include dismissal from the program.



Required Drug Testing for admission

The following is a written policy statement for Apollo Emergency Medical Technician (EMT) in which the program must ensure that students will provide safe and high quality nursing services while engaging in official school educational activities.

All newly accepted students will be subject to a 9 or 10 panel urine drug screening test as a part of admission into the EMT program. This test will be conducted as a part of pre-enrollment health requirements and/or within the first week(s) of school.

A positive confirmed result for the drug test shall prohibit enrollment in the school. Further, refusal to submit a drug test or any attempts to tamper with the specimen shall constitute ineligibility for enrollment.

If you wish to discuss any part of this policy or would like to view the complete drug screening policy please contact the Program Manager of the EMT program.

I have read and understand the above:

Name (please print)

Date

Signature