

Please fill in the class you are registering for:

Location _____ Start Date _____ (not orientation date)

**APOLLO CAREER CENTER #102
3325 SHAWNEE RD
LIMA OH 45806
www.apollocareercenter.com
PUBLIC SAFETY - (419) 998-2997 or 998-2996**

Fire Student Registration Packet

Please carefully read all contents and complete the required information. Return the school copy pages (as indicated in the lower right corner of page) prior to orientation.

* For Courses beyond Volunteer Fire (36 Hours), a copy of your current card, copy of your Non-Suspended Driver's License, and State Fire Certification card is required with this registration packet for admission.

* Complete Turnout Gear with SCBA is required at orientation and all classes.

Contents of Packet:

- Fire Training Registration Form: Please complete all areas.
- State Certification Number: EMT, 1st Responder & Fire are same number.
- **Prerequisites: Department should keep for reference.**
- Waiver & Release Forms. Please read carefully and fill out completely.
- 36 Hour Volunteer Firefighter **only** – Have Chief complete/sign and Student sign.
- Guidelines for Medical Exam
- FERPA
- Responsible Party/ Student Contract

Thank you for your cooperation and participation.



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)			



Registration Form

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 employed , Employer Name:			
Employer Address:		Employer Phone:	
If unemployed , 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 #:	
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.			



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/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? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A		
ACTIVE DUTY: 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		
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)?		
<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? <input type="radio"/> Yes <input type="radio"/> No	If yes, which program and year?	If applicable, what was your name when you attended?
Have you ever attended Apollo Adult Education Training? <input type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> No	If yes, please describe: <hr/> <hr/> <hr/> <hr/>	



Registration Form

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 withdrawals:	
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** _____



Fire Registration Form

Have you been convicted of, plead 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 explain 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. All documentation shall be submitted to the Ohio Department of Public Safety found in the Public Safety Handbook.

Prerequisites for Firefighting Training
Department Officers – Please read and keep for reference

Mandatory requirement for all students in the Fire Classes:

1. Student must have a social security number.
2. Student must be 17 years of age.
3. Student must be in the 12th grade or out of high school. If you are a senior in high school you must have written approval from 2 teachers or administrators and from the chief of the sponsoring department. Students under 18, must have parental permission.
4. Student must attend 100% of class hours, complete make-up work as assigned and pass all written and skill performance criteria prior to State Testing.
5. Student must have current valid, non-suspended driver’s license.
6. Must have a medical physical completed within 6 months prior to starting class and supply documentation that you are fit to attend a firefighter class. See attached Guidelines for Medical Exam.
***** Level I, Level I Trans., Level II, & Level II Trans. must have NFPA 1582 Compliant Physical within 6 months of start of class.*****

[ABOVE NUMBERS 1-6, SEE OHIO REVISED CODE 4765-11-03(16)(A) TO (E)]

7. Fire students must provide a copy of a current AHA BLS CPR card or equivalent to the instructor within 30 days of the start of class. CPR cards must remain current through the completion of the course.
8. Level 1 and Level 1 Transition students must complete an EVOC course before taking state final exam. Level II EVOC must be current within the last 12 months.
9. Must complete National Incident Management System (NIMS) IS-100 & IS-700 and provide certificates of completion.
10. Must be able to use a Self-Contained Breathing Apparatus (SCBA) (O.A.C. 4121:1-21-02(K) (NFPA 1981)
11. Shall not permit any known interference with the face piece-to-face seal (O.A.C. [Ohio Administrative Code] 4121:1-21)-02 (K) (6).
12. Shall wear all NFPA compliance turnout gear (O.A.C., 4121:1-21-01[H]). Turnout gear shall be inspected by the instructors during orientation.
13. No Jewelry shall be permitted during active fire evolutions.
14. If student has an Individual Education Plan (IEP), it must be submitted with the Registration.
15. Student is responsible for any additional requirement as prescribed by the local chartered and teaching institution.
16. All students have three attempts to pass the state exam for all levels. These attempts must be done within 180 days of completion of class

* * * * *

Statement

I, _____ Hereby state that I have read, understand, and will comply with all of the listed Fire Training Prerequisites as they affect either a Volunteer or Career Basic training Course, as set forth by Apollo Career

Signature

Date

Sponsored students must have a signed registration form turned in within 7 days of course start date.

Tuition must be paid in full prior to sitting for the final exam.

WAIVER

The Apollo Career Center #102

in making available its or other selected facilities, training grounds, equipment, and its staff, to provide an opportunity to learn on the part of its students and other invitees, makes no representation of and assumes no liability for the suitability or condition of its or other selected facilities, training grounds, or equipment.

The training facility assumes no liability for and shall be indemnified and held harmless for any claims, demands or suits of any nature, kind or description whatsoever, including costs and expenses, for or on account of any loss or damage to property owned or possessed by any student or other invitee or any injury to such person which may result from any cause, including but not limited to the condition and operation of training facility facilities, training grounds, and equipment, or the condition and operation of any other selected facilities, training grounds and equipment, and the acts or omissions of members of its staff.

The members of the training facility staff and the instructors who are independent contractors with the state, in their personal and representative capacity, assume no liability for and shall be indemnified and held harmless from suit of any nature, kind, or description whatsoever, including costs and expenses for or on account of any loss or damage to property owned or possessed by any student or other invitee or any injury to such person which may result from any cause whatsoever.

Student or invitee hereby authorizes the training facility to seek emergency medical assistance on his/her behalf, as necessary, and agrees to pay for any and all medical expenses incurred on his/her behalf. Student or invitee shall indemnify and hold harmless the training facility for any and all such emergency medical expenses.

Student Signature

Date

TO BE COMPLETED BY STUDENT (PLEASE PRINT)

NAME _____

ADDRESS _____

HOME PHONE _____

DEPARTMENT _____

SCHOOL COPY

RELEASE

APOLLO CAREER CENTER 3325 SHAWNEE RD, LIMA OH 45806
CHARTERED SCHOOL NAME ADDRESS

WHEREAS, the undersigned voluntarily desires to participate in the

_____ Firefighters Training Course; and

WHEREAS, the undersigned is aware that there are risks and hazards which may arise through participation in said activity and that participation in said activity has serious risks, including risk of loss of life and/or limb and/or property of the undersigned; and

WHEREAS, the undersigned being knowledgeable that risks are involved in said Course and being willing to waive all rights or claims to injury, person, and/or property;

THEREFORE, it is agreed as follows:

In consideration of being allowed to participate in said activity and receive educational and other benefits from the undersigned hereby voluntarily assumes all risks of accident or personal damage to his person or property, and hereby releases Apollo Career Center _____, its agents and employees, from every claim, liability or demand of any kind sustained, whether caused by negligence of the said Apollo Career Center _____ its agents or employees, or otherwise. This release shall be binding upon any heirs, administrators, executors and assigns of the undersigned.

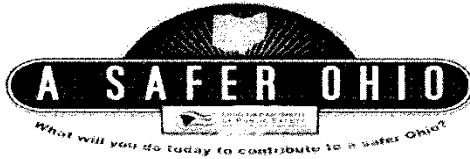
The undersigned, by signing this Release, hereby certifies that the undersigned has read and fully understands the conditions herein provided.

STUDENT SIGNATURE DATE

STUDENT NAME (PLEASE PRINT)

DEPARTMENT CHIEF SIGNATURE DATE

DEPARTMENT NAME



VOLUNTEER FIREFIGHTER COURSE OBJECTIVES

Thirty-six (36) Hour Certified Training Course for
Volunteer Firefighters
State of Ohio - Fire Instructor's Disclaimer

After successful completion of thirty-six-hour Ohio Volunteer Firefighter's Course, students will be certified as a 'Volunteer Firefighter' as recognized in the Ohio Revised Code. The certification will be renewed after three years, provided the Firefighter successfully completes the continuing education requirements. Recognizing that the State of Ohio Certified Volunteer Firefighter's Course does not meet the minimum requirements recognized by the National Fire Protection Association (NFPA) standards as a qualifying level of public safety responders for trained Firefighters, the Volunteer Firefighter certification is a stand-alone certificate for the State of Ohio. The Volunteer Firefighter course provides the basic elements upon which Firefighters can begin to build their training portfolio and assist in firefighting operations with their Fire Departments

The Volunteer Firefighters Course limits hazardous exposures due to safety concerns as described in the Ohio Administrative Code. Therefore, the Volunteer Firefighters Course does not allow Certified Instructors to teach students in the type of hazardous environments to which their Fire Departments will be exposed. These activities include but are not limited to hot zone operations at structural or uncontrolled fires, auto accidents hazardous materials situations considered to be 'Immediately Dangerous to Life and Health' (IDLH), and apparatus operation, the training for which is not provided in the Volunteer Firefighter Course. These limitations being such as they are, the Fire Chief, or the authority having jurisdiction, must provide for training in these expanded areas if the Firefighter is expected to function safely in these environments. The Fire Chief acknowledges that he or she shall assume all the risk and liability for deviating from any of the state and/or nationally recognized standards for firefighting.

The Division of Emergency Medical Services (EMS) and the Ohio Society of Fire Service Instructors (OSFSI) recommends that all Certified State of Ohio Volunteer Firefighters should continue training to attain the NFPA Level 1 Firefighter qualifications.

Student's Name – Print

Student's Name – Signature

Fire Chief's Signature

Fire Department



VFF Course Objectives (June 2014)
Guidelines for Medical Exam

- (1) Understand the physiological, psychological, and environmental demands placed on fire fighters
 - (2) Evaluate fire department candidates and members to identify medical conditions that could affect their ability to safely respond to and participate in emergency operations
 - (3) Utilize the essential job task descriptions supplied by the fire department to determine a candidate's or a member's medical certification
 - (4) Identify and report the presence of Category A or disqualifying Category B medical conditions if present in candidates
 - (5) Inform the fire chief or his/her designee whether or not the candidate or current member is medically certified to safely perform the essential job tasks
 - (6) Report the results of the medical evaluation to the candidate or current member, including any medical condition(s) identified during the medical evaluation, and the recommendation as to whether the candidate or current member is medically certified to safely perform the essential job tasks
 - (7) Forward copies of any abnormal results along with patient instructions regarding primary care follow-up to candidates or current members who were instructed to seek (as appropriate) medical follow-up to address any medical conditions, or lab abnormalities, identified during the medical evaluation
 - (8) Review results of the annual occupational fitness evaluation as described in Chapter 8
 - (9) Provide or arrange for a prescriptive rehabilitation and/or fitness program when indicated to aid a member's recovery from illness or injury and enhance his/her ability to safely perform essential job tasks
- 4.2.2** When medical evaluations are conducted by a physician or medical provider other than the fire department physician, the evaluation shall be reviewed and approved by the fire department physician.
- 4.2.3** The fire department physician shall review individual medical evaluations and aggregate data from member evaluations in order to detect evidence of occupational exposure(s) or clusters of occupational disease.
- 4.2.4** The fire department physician shall be a member of the Fire Department Occupational Safety and Health Committee chaired by the health and safety officer as required by NFPA1500, *Standard on Fire Department Occupational Safety and Health Program*.
- 4.2.5** The fire department physician shall provide medical supervision for the fire department fitness, return-to-duty rehabilitation, and physical conditioning programs as required by NFPA1583, *Standard on Health-Related Fitness Programs for Fire Department Members*.
- 4.2.6*** The fire department physician shall ensure adequate on-scene medical support at the incident scene rehabilitation sector for members during emergency operations as required by NFPA 1500, *Standard on Fire Department Occupational Safety and Health Program*; NFPA 1561, *Standard on Emergency Services Incident Management System*; and NFPA 1584, *Standard on the Rehabilitation Process for Members During Emergency Operations and Training Exercises*.
- 4.2.7** The fire department physician shall provide supervision for the fire department infection control program as required by NFPA 1581, *Standard on Fire Department Infection Control Program*.
- 4.3 Candidate and Member Responsibilities.** Each candidate or member shall adhere to the following requirements:
- (1) Cooperate, participate, and comply with the medical evaluation process
 - (2) Provide complete and accurate information to the fire department physician and other authorized medical care provider(s)
 - (3) Report any occupational exposure such as exposure to hazardous materials or toxic substances and exposure to infectious or contagious diseases
 - (4) Report to the fire department physician any medical condition that could interfere with the ability of the individual to safely perform essential job tasks, such as illness or injury, use of prescription or nonprescription drugs, and pregnancy

FERPA RELEASE
Career Placement to Release Information
Apollo Career Center
3325 Shawnee Road
Lima OH 45806

Name of Student _____
(Print Name) (Social Security #)

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), I, the undersigned, hereby authorize Apollo Adult Workforce Education to grant access to and/or release information relating to me, contained in the computer files and hard copy files of said office, to all prospective authorized employers, or individuals deemed appropriate by the director or designee(s).

Such records may contain non-directory information such as:

1. Personal resume and/or registration form and/or personal data sheet
2. Recommendations and/or evaluations supplied by me to my credential file
3. Career placement copy of my transcript
4. Unofficial curriculum plan for my specific major
5. Miscellaneous academic or personal information supplied by me to my credential file.
6. Financial Aid information released to: _____

I understand further that (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of such records upon request (Current students only - Program completers will be charged a copy fee); (3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to the Director of Adult Programs at Apollo Adult Workforce Education, but that any such revocation shall not affect disclosures previously released for career/employment related purposes made by Apollo Career Center prior to the receipt of any such written revocation..

I DO consent to the release of my education records as described above.

Student's Signature Date

Program of Study

I understand that even if I do not consent to release of my education records, my directory information (i.e. name, photograph, major field of study, participation in officially recognized activities, dates of attendance and graduation, certificates awarded, and awards received) may be released. If I do not want Apollo to release your directory information please send a letter to Tara Shepherd, Director of Post-Secondary Programs, Apollo Career Center, 3325 Shawnee Road, Lima, OH 45806-1497.

I DO NOT consent to the release of my education records as described above.

Student's Signature Date

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF FERPA AND OTHER APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS, WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.

cc: Authorized Perspective Employer



Charter #102

Apollo Public Safety Academy

Fire Program

Responsible Party/Student Contract

The following requirements must be fulfilled for certification and completion of any fire class.

- 100% attendance
- 75% on all grades and final scores
- 3 attempts at all quizzes, midterm, and final
- Workbooks must be completed
- Must comply with dress code
- NIMS 100 & 700 must be obtained and submitted for class file
- Able to complete and pass practical evolutions
- Must have a NFPA 1582 compliant physical or doctor signing off that student meets the requirements of an NFPA 1582 physical
- Student that misses any class must make class time up in next class or at rate of \$30 an hour paid to Apollo Career Center
- Student will not receive a completion of class until all of the requirements are met
- Students have 180 days after completion of class to obtain all the of the requirements
- Students must submit a current Emergency Vehicle Operation Course (EVOC), AHA CPR BLS or equivalent, AHA First Aid or EMS Certification and NIMS 100 & 700.
 - EVOC, CPR and First Aid courses can be obtained through Apollo Career Center at an additional cost.

Failure to meet these requirements will result failure of class. Student will be unable to obtain certification from the State of Ohio. Responsible party is required to pay all fees for class.

Responsible Party/Print Name/Date

Student/Print Name

Responsible Party/ Signature

Student/ Signature

Full Time Cancellation and Refund Policy

Full time = 600+ hours. Exception: This policy includes Truck Driving, Nurse Aide, EMT, and Fire Programs.

A full tuition refund will be made if the student withdraws before the start date of the program, or if a course is canceled prior to start date. If a student is absent for seven consecutive calendar days without notifying the instructor, the school will consider them officially withdrawn. Refunds, when due, are made without requiring a request from the student. 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.

Refund Policy is based upon the cost of tuition:

If a student withdraws:

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, an administrative fee will be assessed upon the date of withdrawal, not to exceed \$100. If books, tools or supplies have been opened/used they cannot be returned, and the student is responsible for payment.

Scholarship monies received on the student’s behalf will be applied toward tuition. No refunds will be made until the student’s enrollment period balance has been paid in full and has a zero balance. The student may also be held responsible for any unpaid balance not covered by a funding agency at any point of withdrawal.

Please note: If a student is dismissed or withdrawals from a grant funded course, it is the responsibility of the student to reimburse Apollo the cost of the tuition and supplies that is owed per the refund policy.

Failure to meet these requirements will result failure of class. Student will be unable to obtain certification from the State of Ohio. Responsible party is required to pay all fees for class.

Responsible Party/Print Name/Date

Student/Print Name

Responsible Party/ Signature

Student/ Signature