



UPPER VALLEY JVS ADULT EDUCATION
Application for Admission

PLEASE PRINT

PROGRAM []Automated Systems []HVAC & R []M^2T []Machine Trade []LPN []Office Technology

NAME _____ SS# _____ - _____ - _____ BIRTH DATE ____ / ____ / ____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ AMERICAN CITIZEN? []YES []NO ALIEN REG. # A _____

EMERGENCY CONTACT _____ RELATIONSHIP _____ PHONE # _____

DO YOU HAVE ANY SPECIFIC HEALTH CONDITIONS OR DISABILITIES, OR TAKE ANY SPECIAL MEDICATIONS OF WHICH THE SCHOOL SHOULD BE AWARE? [] YES [] NO

IF YES, PLEASE EXPLAIN _____

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED? []YES []NO YEAR RECEIVED _____

CITY & STATE WHERE DIPLOMA/GED RECEIVED _____

HAVE YOU PREVIOUSLY ATTENDED COLLEGE OR POST-HIGH SCHOOL TRAINING? []YES []NO

IF YES, DID YOU RECEIVE ANY FORM OF FINANCIAL AID? []YES []NO YEAR RECEIVED _____

COMPLETE THE PROGRAM? []YES []NO DEGREE EARNED _____

PLEASE READ EACH STATEMENT BELOW AND INITIAL INDICATING THAT YOU UNDERSTAND AND ACCEPT THESE CONDITIONS.

_____ I understand that 90% attendance is required for state certification and for eligibility for federal financial aid (Title IV).

_____ I agree to provide to the Upper Valley JVS Adult Division all requested information and documentation necessary for processing my enrollment and any financial aid that I may be eligible for.

_____ I agree to abide by all rules and regulations of the Upper Valley JVS Adult Division as put forth in the Student Handbook. I understand that failure to do so may result in dismissal from the training program.

_____ I agree to participate fully in all classroom and laboratory activities.

_____ I will not be involved in any way in the use, manufacture, distribution, possession, or dispensation of illegal drugs while I am a student at the Upper Valley JVS Adult Division.

FINANCIAL AID ACKNOWLEDGEMENTS

_____ I hereby authorize the Upper Valley JVS Adult Division to credit my account and retain the amount of any proceeds from my Federal, State, or Local Financial Aid Program awards for my period of training. I understand that these funds may be used for tuition, fees, books, supplies, or other educational costs that are assessed during my period of enrollment.

_____ I understand that I may rescind this authorization at any time and that the school has 14 days from the date of notice to process my financial aid monies and either return the funds or pay directly to me if indicated per federal regulations.

_____ If I withdraw or drop out before completing the academic period for which my Financial Aid award was intended, or if I drop to less than half-time status during that period, I understand that I am no longer eligible for Federal Financial Aid of any kind. I also understand that I may need to return Financial Aid funds based on the percentage of the training program/module/quarter that I have completed at the time of my withdrawal.

I CERTIFY THAT ALL OF THE INFORMATION ON THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

_____ SIGNATURE

_____ DATE

UPPER VALLEY JVS ADULT DIVISION
AUTHORIZATION FOR RELEASE OF INFORMATION



I authorize the UVJVS Adult Division to release my educational records, which may include any or all of the following items: name, social security number, student ID number, date of birth, and demographic information, to the Ohio Department of Education.

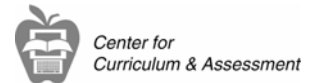
Signature

Date

To revoke this Ohio Dept. of Education Release, there is an appropriate form available in the Financial Aid office. Please contact the Financial Aid office for additional information.



Release of Information Form



I, (print name) _____, authorize the Ohio Department of Education to release my educational records, which includes my name, social security number, student ID number, and date of birth, to the agencies listed below. The agency use of these records is limited to and in connection with the audit and evaluation of Federally-supported education programs, or in connection with the enforcement of the Federal legal requirements, that relate to such programs.

Student/Examinee information released to:

Ohio Department of Job and Family Services
145 South Front Street
Columbus, Ohio 43215

Ohio Board of Regents
30 East Broad Street
Columbus, Ohio 43266-0417

My signature is my acknowledgement that I have read and voluntarily consented to the release of the above-mentioned educational records as collected and utilized by the adult workforce education programs I have previously enrolled in or tested with.

Social Security Number or Security Number * - -

Signature of Student/Parent or Guardian**

Date

* Use of Social Security Number is optional. If you choose to give us your Social Security Number, we will use it to maintain your file and assure prompt and accurate reporting.

** Students under the age of 18 must have this consent form signed by the student's parent or guardian.

INFORMATION PLEASE...



Please take just a moment to provide us information so that we may better serve you.

Date: _____ Instructor's Name: _____

Course Name: _____

Your Name: _____ Social Security #: _____

STUDENT/CLIENT INFO: Please complete the information below: Home Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Email Address: _____ (Please provide if you would like to receive email notices about future UVJVS Adult Division offerings.) <input type="checkbox"/> Please check if a company or agency will reimburse this class. Also, please complete the Company/Agency Info.	COMPANY/AGENCY INFO: Please complete the information below: Company/Agency: _____ Billing Contact: _____ Title: _____ Company Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Ext: _____ Email Address: _____ (Please provide if you would like to receive email notices about future UVJVS Adult Division offerings.)
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- How did you find out about this class?

<input type="checkbox"/> Agency	<input type="checkbox"/> Visit/Call to JVS campus	<input type="checkbox"/> Radio	<input type="checkbox"/> Newspaper
<input type="checkbox"/> TV	<input type="checkbox"/> From a Friend	<input type="checkbox"/> Employer	<input type="checkbox"/> Other _____
<input type="checkbox"/> JVS Website	<input type="checkbox"/> Email	<input type="checkbox"/> Brochures of flyer mailed to your home	
- What other classes would you like to see offered?

STATE REPORT INFORMATION

Please supply the following statistical information for report purposes:

Ethnicity: Black or African American Hispanic Asian Native Hawaiian or Other Pacific Islander American Indian or Alaskan Native White Multiracial

Special Population: Disabled Disadvantaged Financial or Academic Displaced Homemaker Limited English Proficiency Non-Traditional Single Parent

Limitations: Hearing Slight (with Prescription Eyewear not correctable to 20-20 vision) Orthopedic

Gender & Age Group:

Male		Female			Male		Female			Male		Female		
				Under 18					22-24					50-64
				18-19					25-29					65 & over
				20-21					30-34					

Educational Level: Less than high school Vocational Certification Masters
 High school graduate 2 year college degree Doctorate
 GED 4 year college degree

Please mail the completed Enrollment Packet to:

UPPER VALLEY JVS ADULT DIVISION
UVJVS APPLIED TECHNOLOGY CENTER
ATTN: FINANCIAL AID OFFICE
8901 LOONEY ROAD
PIQUA, OHIO 45356