

Student No. _____

Date Rec. _____

YOUNGSTOWN CITY SCHOOLS
CHOFFIN CAREER AND TECHNICAL CENTER
ADULT EDUCATION
APPLICATION FOR ADMISSION

A \$30.00 assessment fee (non-refundable), must be submitted with application. Make payment in the form of a money order.

PLEASE CHECK THE FOLLOWING PROGRAM YOU ARE APPLYING FOR:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Phlebotomy | <input type="checkbox"/> Professional Health Care Prov. Asst.* | <input type="checkbox"/> Precision Machining | <input type="checkbox"/> Online Medical Coding* |
| <input type="checkbox"/> Pharmacy Technician* | <input type="checkbox"/> Building Trades/Carpentry | <input type="checkbox"/> Online Medical Transcription* | <input type="checkbox"/> Other |
| <input type="checkbox"/> Nurse Aide | <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Welding Technology | *Following programs require a \$25.00 application fee (non-refundable) |

PLEASE PRINT:

Date _____

Name _____ Phone (____) _____
(Last Name) (First Name) (Middle Name) area code

Address _____ Cell: _____
(Number & Street complete address) (City) (State) (Zip)

Social Security Number _____ Email: _____
(Required for Enrollment)

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

Name _____ Phone (____) _____
(Last Name) (First Name) (Middle Name) area code

Address _____
(Number & Street complete address) (City) (State) (Zip)

Relationship _____

Circle only highest number of school years completed: High School 9 10 11 12 Graduate Yes No G.E.D. year obtained ____ College 1 2 3 4

COMPLETE NAME OF SCHOOL Last High School Attended	School Address (Number, Street, City, State)	Date (Year) Entered	Date (Year) Graduated	Date (Year) Withdrew
	Street Number			
	City, State, Zip Code			
	Street Number			
	City, State, Zip Code			
Major	City, State, Zip Code			

Grade average in high school? A B C D

School attendance: Good Average Poor If poor, explain _____

List most recent employer first. State work experience (please include Company Name and Supervisor with proper mailing address)

NAME OF EMPLOYER	ADDRESS (Number, Street, City, State)	Type of Work	Dates	Reason for Leaving

PERSONAL REFERENCES: Give complete names and addresses of three persons - (not relative)

Name _____ Address _____
Number and Street City, State, Zip Code
Occupation _____ Have Known for _____ Years

Name _____ Address _____
Number and Street City, State, Zip Code
Occupation _____ Have Known for _____ Years

Name _____ Address _____
Number and Street City, State, Zip Code
Occupation _____ Have Known for _____ Years

1. How did you hear about our programs? _____

2. Why did you choose this career? _____

I understand the following statements:

Completing an application (for admission) to Choffin Career and Technical Center Adult Education does not obligate me or the School in regard to my admission. I further understand that my application is to be submitted to the Admissions Committee for review, and if I am accepted I will be notified by Choffin Career and Technical Center. I further understand that any false information will void this application and will result in immediate dismissal if accepted into the program. ***(Health Care Programs to have the opportunity for required clinical experiences and/or be hired for employment a criminal background check and drug screen may be required).***

(Applicant's Signature)

(Date)

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and request that you release to Choffin Career and Technical Center all information both oral or written regarding my records, character, conduct and performance.

I further release you from all liability which may result from furnishing such information.

(Applicant's Signature)

(Date)

APPLICATION MUST BE SIGNED - Application will not be considered for admission unless this statement has been read and signed by the applicant.

FOR OFFICE USE ONLY

TEST DATE _____ PASSED ___ FAILED ___ PROVISIONAL ENTRY _____ DEFICIENT AREA _____
INTERVIEW DATE _____ ACCEPTED ___ WAITING LIST ___ NOT ACCEPTED _____
INTERVIEW AND TESTING POINTS TOTAL _____