

**MADISON ADULT CAREER CENTER ENROLLMENT INFORMATION FORM (Please Print!)**

<input type="checkbox"/> Automotive Lube Technician <input type="checkbox"/> Basic Office Support Services (BOSS) <input type="checkbox"/> Dental Assisting (on a space-available basis as of 7/1/20)	<input type="checkbox"/> Precision Machining/CNC Technology <input type="checkbox"/> State Tested Nurse Aid (STNA) <input type="checkbox"/> Welding Technology
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First Name	Middle In.	Last Name:	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Other/Last Name(s)/Maiden Name that may be listed on record(s)	Social Security Number:
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Mother's Maiden Name:	Email:
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Address:	Apt/Lot #:
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City:	State:	Zip Code:	County (Richland, Crawford, etc.)
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Home Phone:	Cell Phone:	Work Phone:
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Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
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City/State of Birth:	Native Language:
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Do you have any felonies?  Yes  No    Month/Year \_\_\_\_\_  No  
 Please explain: \_\_\_\_\_

**STATISTICAL INFORMATION - Information provided will only be used for our statistical reporting requirements.**

Are you a veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service:	Last Discharge date:
Do you have a parent serving active duty military: <input type="checkbox"/> Yes <input type="checkbox"/> No		

<p><b>ETHNIC ORIGIN</b></p> <p>Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If not Hispanic, please check ethnic background below</i></p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> American Indian/Alaska Native</td> <td><input type="checkbox"/> Non-Resident Alien</td> </tr> <tr> <td><input type="checkbox"/> Asian</td> <td><input type="checkbox"/> Black/African American</td> </tr> <tr> <td><input type="checkbox"/> Native Hawaiian / Pacific Islander</td> <td><input type="checkbox"/> White</td> </tr> <tr> <td><input type="checkbox"/> Race/ethnicity unknown</td> <td><input type="checkbox"/> Two or More Races</td> </tr> </table>	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Non-Resident Alien	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian / Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Race/ethnicity unknown	<input type="checkbox"/> Two or More Races	<p><b>PLEASE CHECK ALL THAT APPLY</b></p> <input type="checkbox"/> Currently/Previously in Foster Care <input type="checkbox"/> Disabled <input type="checkbox"/> English is Second Language <input type="checkbox"/> Financially Disadvantaged <input type="checkbox"/> Homeless <input type="checkbox"/> Single Parent <input type="checkbox"/> Unemployed/Underemployed
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Non-Resident Alien								
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American								
<input type="checkbox"/> Native Hawaiian / Pacific Islander	<input type="checkbox"/> White								
<input type="checkbox"/> Race/ethnicity unknown	<input type="checkbox"/> Two or More Races								

**EMPLOYMENT INFORMATION**

Currently Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Current/Last Employer :
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Current/Last Position:	Length of Employment:	Rate per hour:
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Check any/all issues below that may affect your academic performance and/or finding/keeping a job:

<input type="checkbox"/> Experience	<input type="checkbox"/> Skills	<input type="checkbox"/> Job Search Skills	<input type="checkbox"/> Child Care Issues
<input type="checkbox"/> Self Confidence	<input type="checkbox"/> Prison Record	<input type="checkbox"/> Driver's License/Transportation	<input type="checkbox"/> Disability
<input type="checkbox"/> Other: Please Specify: _____			

**EDUCATION HISTORY (Please check all that apply)**

I have never received a diploma or GED certificate

Year Student Entered 9<sup>th</sup> Grade: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_

Last Academic Year Completed: \_\_\_\_\_

Name of Last School Attended: \_\_\_\_\_ City/State \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES OF THIS FORM → → → → → →**

**HOW DID YOU HEAR ABOUT MADISON ADULT CAREER CENTER? (Please check all that apply)**

- Newspaper Ad       Radio Ad       Madison Brochure       Friend       Relative       Co-Worker
- Madison Adult Student       BVR
- OTHER (Please Specify): \_\_\_\_\_
- Name of person/counselor who informed you about Madison \_\_\_\_\_
- Department of Job and Family Services/County One Stop Center (County): \_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION**

Do you have any specific health conditions or disabilities, or take any special medications of which the school should be aware?

- Yes       No      Please list: \_\_\_\_\_

**EMERGENCY CONTACTS (please list three contacts in order of preference):**

- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_
- Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_
- Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_
- Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

**PHYSICIAN CONTACT INFORMATION**

- Physician \_\_\_\_\_ City \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_
- Physician \_\_\_\_\_ City \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

I understand that my enrollment is voluntary and that I shall not hold the Madison Local School District, Board of Education or School Officials responsible for any injury resulting from my action or conduct. In the event of an emergency I give my permission for the school staff to contact an ambulance service and facilitate medical attention as necessary. (Madison Adult Career Center assumes no fiscal responsibility for the student if given treatment and/or admission to medical facilities).

Preferred Hospital: \_\_\_\_\_

STUDENT'S SIGNATURE

DATE

**STUDENT CERTIFICATION (Please read & check EACH item to indicate your understanding)**

- I certify the information given on this application is accurate and true to the best of my knowledge.
- I agree to follow all MACC policies and procedures as stated in the student catalog.
- I understand that I must maintain satisfactory progress in my chosen training program (90% minimum cumulative attendance and a minimum 2.0 cumulative grade point average).
- I understand that failure to maintain satisfactory academic progress will result in probation or dismissal from my training program.
- I authorize MACC to share my educational progress with any agency/employer which may be providing assistance or with a prospective employer. I will notify a staff member in writing if I do not want my information shared with a particular agency/employer.
- I authorize agencies/employers/prospective employers to share employment/other related information with MACC.
- I authorize educational institutions to share academic/transcript information with MACC upon request.

STUDENT'S SIGNATURE

DATE

**PLEASE COMPLETE BOTH SIDES OF THIS FORM → → → → → →**