

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Advanced Cosmetology 1,800 hrs.   | <input type="checkbox"/> Cosmetology 1,500 hrs. | <input type="checkbox"/> Phlebotomy/EKG                     |
| <input type="checkbox"/> Dental Assisting                  |   | <input type="checkbox"/> Precision Machining/CNC Technology |
| <input type="checkbox"/> Industrial Electrical Maintenance |   | <input type="checkbox"/> State Tested Nurse Aide (STNA)     |
| <input type="checkbox"/> Medical & Legal Office Management |   | <input type="checkbox"/> Welding Technology                 |
| <input type="checkbox"/> Medical Assisting Technologies    |   |   |

First Name \_\_\_\_\_ Middle In. \_\_\_\_\_ Last Name: \_\_\_\_\_ U.S. Citizen:  Yes  No

Other/Last Name(s)/Maiden Name that may be listed on record(s) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Lot #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County (Richland, Crawford, etc.) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Female  Male

Do you have any felonies?  Yes  No Month/Year \_\_\_\_\_

Please explain: \_\_\_\_\_

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

Are you a veteran:  Yes  No Branch of Service: \_\_\_\_\_ Last Discharge date: \_\_\_\_\_

Do you have a parent serving Active Duty Military:  Yes  No

**ETHNIC ORIGIN**

Are you Hispanic/Latino?  Yes  No

If *not* Hispanic, please check ethnic background below

- |   |   |
|---|---|
| <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      |

**PLEASE CHECK ALL THAT APPLY**

- Currently/Previously in Foster Care
- Disabled
- English is Second Language
- Financially Disadvantaged
- Homeless
- Single Parent
- Unemployed/Underemployed

**EMPLOYMENT INFORMATION**

Currently Employed:  Yes  No Current/Last Employer: \_\_\_\_\_

Current/Last Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_ Rate per hour: \_\_\_\_\_

**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)**

- High School Diploma  GED  Some college  Associate's Degree  Bachelor's Degree  Master's Degree

Name of your High School / G.E.D. Center \_\_\_\_\_ Graduation Year \_\_\_\_\_

City/State of High School or G.E.D. Center \_\_\_\_\_

Have you ever attended college/postsecondary education/other adult education program to pursue a certificate or degree?

Yes  No Name of School/College \_\_\_\_\_

Dates of Attendance FROM: (Month & Year) \_\_\_\_\_ TO: (Month & Year) \_\_\_\_\_

Name of School/College \_\_\_\_\_

Dates of Attendance FROM: (Month & Year) \_\_\_\_\_ TO: (Month & Year) \_\_\_\_\_

**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): \_\_\_\_\_

**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 two contacts in order of preference):**

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

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

**PHYSICIAN CONTACT INFORMATION**

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

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

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

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).

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

- ✓ I certify the information given on this application is accurate and true to the best of my knowledge.
- ✓ I understand that all tuition & fees are due at the beginning of the program. If I am receiving financial aid, funds will come directly to the school to be applied to my account. Credit balances will result in a refund.
- ✓ 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 should I withdraw (or be dismissed from) a training program, I may be responsible for all tuition and fees based upon MACC'S refund policy. (Located in student catalog.)
- ✓ I understand that failure to maintain satisfactory academic progress will result in probation or dismissal from my training program and loss of financial aid, which I must repay.
- ✓ I authorize MACC to share my educational progress/financial aid information with any agency/employer which may be providing financial/other 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 will share any sources of financial aid with the Financial Aid Administrator within 10 days of notification.
- ✓ I authorize educational institutions to share academic/transcript information with MACC upon request.

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

The Madison Adult Career Center does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following persons have been designated to handle inquiries regarding the non-discrimination policies

Rob Peterson, Superintendent  
[rpeterson@madisonrams.net](mailto:rpeterson@madisonrams.net)  
419-589-2600, ext. 1102

Sonja Pluck, Adult Education Director  
[spluck@madisonrams.net](mailto:spluck@madisonrams.net)  
419-589-6363, ext. 8629