

**Choffin Career and Technical Center Adult Education**

200 E. Wood Street – Youngstown, OH 44503

Phone: 330.744.8720 or 330.744.8723

**ADMISSIONS APPLICATION**

**Instructions:** Print clearly and answer all questions. Along with this application, submit a **\$30.00 non-refundable Application Fee**. Submit payment in the form of cash or money order (no personal checks) payable to: **Youngstown City Schools**.

**PERSONAL INFORMATION:**

First Name		Middle Initial	Last Name
Date of Birth (MM/DD/YYYY)	Social Security Number		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Street Address			County
City	State	Zip	
Primary Phone	Email Address (Required)		

**PROGRAM OF INTEREST:** Check which program you are interesting in attending.

Dental Assisting
  Practical Nursing
  Surgical Technology

All programs require the TABE entrance exam that has a non-refundable fee of \$20.00 paid at the time of testing. The Surgical Technology program requires a Manual Dexterity test, at a non-refundable fee of \$45.00, paid at the time of testing.

**EDUCATIONAL HISTORY:**

Do you have a high school diploma?  Yes  No      Do you have a High School Equivalent?  Yes  No

Name of High School/Testing Location: \_\_\_\_\_ City/State: \_\_\_\_\_

Have you previously attended College or Post Secondary Programs?  Yes  No      If yes, detail below:

Name of School/College: \_\_\_\_\_ From (Month/Year): \_\_\_\_\_ to \_\_\_\_\_

Name of School/College: \_\_\_\_\_ From (Month/Year): \_\_\_\_\_ to \_\_\_\_\_

Associate’s Degree     Bachelor’s Degree     Post-Baccalaureate

Degree Major: \_\_\_\_\_

**MISCELLANEOUS INFORMATION:**

Do you have a current STNA Credential?  Yes  No      If yes, Renewal Date: \_\_\_\_\_

Are you in default on any student loans?  Yes  No

Are you a Veteran?  Yes  No      If yes, which Branch? \_\_\_\_\_

**EMPLOYMENT DATA:**

Currently Employed  Yes  No

Current or Last Employer	Employed From (Month/Year)
	to
Current or Last Position	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

**EMERGENCY CONTACT:**

First and Last Name	Relationship	Phone
Address	City	State      Zip

**ADDITIONAL INFORMATION:****How did you hear about the Choffin Adult Education Programs?**

- Referred by Individual or Past Student     Advertisement     Radio     Facebook  
 TV     Billboard     Mail (postcard)     Other \_\_\_\_\_  
 Choffin Website     GED     Employer

**REPORTING INFORMATION:** *(The following information is required for State, Federal and accreditation reporting. This information will only be used for statistical reporting requirements.)*

**Ethnicity**

- American Indian or Alaska Native  
 Asian  
 Black or African American  
 Hispanic or Latino  
 Multi  
 Native Hawaiian or other Pacific Islander  
 White

**Please Check All That Apply**

- Limited English Proficiency  
 Economically Disadvantaged  
 Disabled  
 Displaced Home Maker  
 Single Parent

**Authorization for Release of Information and Applicant Certification:**

I hereby authorize the release of information to Choffin Career and Technical Center including information both oral and/or written regarding my records, character, conduct and performance. I understand that all pre-entrance requirements must be met and a criminal background check and satisfactory drug screen are required for participation in each program and clinical externship. I further certify the information given on this application is true.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Applicant Signature**                                  **Date**

**FOR OFFICE USE ONLY:**

<b>Application Receipt Date:</b> _____ <b>Student ID:</b> _____		<input type="checkbox"/> Catalog Emailed
<b>Fees:</b> <input type="checkbox"/> Application (\$30.00) <input type="checkbox"/> TABE Testing (\$20.00) <input type="checkbox"/> Manual Dexterity (\$45.00)		
Date Paid: _____	Date Paid: _____	Date Paid: _____
<b>Test Date:</b> <input type="checkbox"/> Passed <input type="checkbox"/> Failed <i>Deficient Area(s):</i>		
<i>Reading</i> _____ <i>Math</i> _____		
2nd Attempt: P/F _____	3rd Attempt: P/F _____	Provisional: Y/N _____
<b>Interview Date:</b> _____	<b>Interview Time:</b> _____	<b>Interview &amp; Testing Points Total:</b> _____
<b>BCI Received Date:</b> _____		<b>FBI Received Date:</b> _____
<b>Enrollment Status:</b> <input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted <input type="checkbox"/> Provisional Entry <input type="checkbox"/> Alternate List		
<b>High school transcript/GED or equivalent received:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Drug Test Results:</b> <input type="checkbox"/> Negative <input type="checkbox"/> Positive, area(s): _____		
<b>Withdrew Application (date):</b> _____		<i>Reason:</i> _____

No information you provide will be used in a discriminatory manner. Choffin Adult Education programs are offered without regard to race, color, origin, sex, disability, or age.