

**Workforce Education Enrollment Application**

**Today’s Date:** **May 8, 2020** Program: **Choose an item.** Start Date: **Click or tap to enter a date.** End Date:**Click or tap to enter a date.**

Last Name: **Last Name.** First Name: **First Name.** M. I. **M.I.**

Birth Date: **mm.**  **dd.** **yyyy.** Age: **Click or tap here to enter text.** Gender: **Choose an item.**

Mailing Address: **Street Address**  City: City ST:**ST** Zip Code: **Zip Code**

Home Phone: (**Area Code**) **Phone - Number** Cell Phone: (**Area Code**) **Phone - Number**

Email: **Email** Social Security Number: **xxx-xxx-xxxx**

Make of Vehicle: **Make of Vehicle** Plate Number:  **Plate Number**

Have you taken any classes previously at Auburn? **Choose an item**

If so, what classes? **Classes you have taken at Auburn**

Have you completed an OSHA 10-hour safety course? **Choose an item.**

Do you have a current CPR/First Aid credential? **Choose an item.**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* EMERGENCY INFORMATION \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

Person to notify in emergency: First Name Last Name Phone Number: (**Area Code**) **Phone-Number** Relationship: **Relationship**

Physician’s Name: **Click or tap here to enter text.** Phone Number: (**Area Code**) **Phone - Number**

Please list any medications and/or illnesses or conditions that could negatively impact your progress while attending Auburn Career Center: **Click or tap here to enter text.**

***\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* NOTICE OF ACADEMIC AND FINANCIAL RESPONSIBILITY \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\****

***As a student of Auburn Career Center, I understand that I must maintain “Satisfactory Progress” (90% or better attendance and successful completion of all components of the program of training) to receive a certificate/portfolio. I also understand that as a student enrolled in this program that I am responsible for all tuition and fees incurred regardless of my completion status***

**Student Signature:** Click or tap here to enter text. **Date: May 8, 2020**

**Demographic Information**

***The following information is optional, but is requested to assist Auburn Career Center in providing demographic and marketing data to improve our customer service.***

How did you learn about the program: (Mark all that apply)

[ ]  Friend or relative [ ]  Employer

[ ]  Television ad [ ]  Brochure or catalog in mail

[ ]  High school counselor [ ]  Billboard

[ ]  Newspaper ad [ ]  Magazine advertisement

[ ]  Auburn Staff member [ ]  Current Auburn student

[ ]  Auburn website [ ]  Social media (Facebook,Twitter,etc.)

Other **Click or tap here to enter text.**

Are you currently employed? **Choose an item.** Employer Name: **Click or tap here to enter text.**

Job Title/Position **Click or tap here to enter text.** Employer Phone: (**Area Code**) **Phone Number**

Racial Information (please check one)

[ ]  Caucasian [ ]  African American/Black

[ ]  Native American [ ]  Asian

[ ]  Pacific Islander [ ]  Multiracial

Other **Click or tap here to enter text.**

Ethnicity Information (please check one)

[ ]  Non-Hispanic [ ]  Hispanic

Please indicate the highest level of education completed:

[ ]  High school graduate Grad. Yr. **Click or tap here to enter text.** School **Click or tap here to enter text.**

[ ]  GED Other **Click or tap here to enter text.**

[ ]  Some College (no degree) Major **Click or tap here to enter text.** School **Click or tap here to enter text.**

[ ]  Associate Degree Major **Click or tap here to enter text.** School **Click or tap here to enter text.**

[ ]  Bachelor’s Degree Major **Click or tap here to enter text.** School **Click or tap here to enter text.**

**FERPA RELEASE FORM**

**Student Information**

**Name: Last Name First Name Soc. Sec. #\*:** xxx-xx-xxxx

**Mailing Address:** Street AddressCityStateZip Code

**Phone Number: (**Area Code**)** Phone-Number. **Email Address:** Click or tap here to enter text.

**I give permission to Auburn Career Center** **to release selected information to the recipient(s) listed for the purpose of** (please check one): [ ]  To aid in making present and future educational decisions.

 [ ]  Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Types of Information to Release**

[ ]  **All Records**

[ ]  **Accounting** Includes tuition and fee balances, mailing and billing addresses, payment plans, accounting

 statements and collections and debt information.

[ ]  **Admission** Includes dates of application, program selected, documents received, documents pending, dates of Admission, admission status and conditions of admission.

[ ]  **Registration** Includes current enrollment, dates of enrollment activity, enrollment status,

 courses/modules attended, and mailing address information.

[ ]  **Academic** Includes courses taken, grades received, GPA, academic progress, attendance,

 **Records** and certifications awarded.

[ ]  **Financial Aid** Includes all general financial aid information.

**Check One: Releasee: Relationship:**

[ ]  **Release To** [ ]  **Cancel** Click or tap here to enter text.Click or tap here to enter text.

[ ]  **Release To** [ ]  **Cancel** Click or tap here to enter text.Click or tap here to enter text.

[x]  **Release To** [ ]  **Cancel** Ohio Department of Job & Family Services State Reporting Agency

 145 South Front St, Columbus, OH 43215

[x]  **Release To** [ ]  **Cancel** Ohio Department of Higher Education State Reporting Agency

 25 S. Front Street, Columbus, OH 43266

**Authorization**

***Signature of Student/Parent or Guardian\*\**** Click or tap here to enter text.Date: **5/8/2020**

\*Use of Social Security Number is optional. If you choose to provide your Social Security Number, it will be used 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.

**General Information**

The Family Educational Rights and Privacy Act (FERPA) deals specifically with the education records of students, affording parents/students certain rights with respect to those records. For purposes of definition, “education records” are generally those records that:

1. Contain informationdirectly related to a student; and
2. Are maintained by an educational agency orinstitution or a party acting for the agency or institution**.**

FERPA applies to all educational agencies and institutions that receive funding under most programs administered by the Secretary of Education (34 C.F.R. 99.1).

FERPA gives parents of students the right to inspect and review their children’s educationrecords. Furthermore, parents have other rights including the right to request amendment of records, and to have some control over the disclosure of personally identifiable information from these records. When a student reaches 18 years of age or attends a postsecondary institution, all rights under FERPA transfer from the parent to the student.

For more detailed information on FERPA and the Board’s policies related to same, please see Board Policy Nos. 8330 and 8350 available at http://www.neola.com/auburnjvs-oh/