

ADULT WORKFORCE EDUCATION PROGRAM APPLICATION

A non-refundable application fee is due with the application form. The application will not be considered nor will an applicant be permitted to test until the fee is paid in full.

Welding I & II Industrial Maintenance Single Industrial Maintenance Course Name _____

Name _____ SSN _____
First Last MI

Address _____

City _____ State _____ Zip _____ County _____

Phone _____ Cell _____

E-Mail _____

EDUCATION: Check ALL levels of education you have achieved:

No Diploma _____ GED—Completion Date _____

Highest grade completed: _____

High School Diploma

School _____ City _____ State _____ Grad Date _____

Technical Certificate/Associate Degree

School _____ Major _____ Year Completed _____

Bachelor's Degree

School _____ Major _____ Year Completed _____

Other

School _____ Major _____ Year Completed _____

The state is requiring registration with OhioMeansJobs.com, including individuals:

- ◆ Participating in adult career technical education programs;
- ◆ Accessing vocational rehabilitation services through Opportunities for Ohioans with Disabilities;
- ◆ Utilizing Adult Basic and Literacy Education services; and
- ◆ Receiving employment services as an injured worker through the Bureau of Workers' Compensation.

To the best of my knowledge, the information contained herein is true and complete. I understand that falsification of information on this application is grounds for dismissal from the program. I also consent to the release of the contents of my school records to any staff member of Ohio River Valley Adult Education.

Applicant Name

Applicant Signature

Date

ADULT WORKFORCE EDUCATION

EMERGENCY INFORMATION & MEDICAL AUTHORIZATION

Student's name _____

Home Address _____

City _____ State _____ Zip Code _____

Home phone: _____ Cell phone: _____

Student's Date of Birth _____ SSN _____

Contact Person

Name _____ Relationship _____

Home phone: _____ Cell _____ Business _____

If unable to contact above individual, please notify: _____

Home phone _____ Cell _____ Business _____

Part 1—Grant Consent

I hereby give consent for the following medical care providers and local hospital to be called and utilized: **(list "any" if no preference)**

	Name	Phone Number
Physician		
Dentist		
Medical Specialist		
Local Hospital		

In the event reasonable attempts to reach individuals listed have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist, nurse, emergency medical technician or other qualified professional and (2) the transfer to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning my medical history, including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

_____ Date _____

Student Signature

Part 2—Refusal to consent

I do not give my consent for emergency medical treatment. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: _____

_____ Date _____

Family Education Rights and Privacy Act (FERPA) Policy

The Family Education Rights and Privacy Act of 1974 gives students control over the release of their Educational records. In order to release student information, their permission is required. Students are asked to sign a release statement for various reasons. Students may opt to sign one section of the release statement and note the other or none at all. The following is a list of potential reasons records that may be released. Records or pictures will only be released in instances where students have signed the appropriate section.

- 1) Because our school is accredited or in candidacy status by several agencies: NCA, CASI AdvanceED, Ohio Dept. of Public Safety, National Registry and under the U.S. Dept. of Education and Ohio Board of Regents, any audits performed by these agencies may involve the systematic review of student records. While confidentiality of these records is maintained, personnel assigned from these agencies will at various times have to access these records to ensure that Ohio River Valley Adult Education is providing the required documentation and following processes as outlined. Signature of this section indicates approval of review of records for such said purpose.

Student Signature _____ Date _____

- 2) Students may authorize Ohio River Valley Adult Education to release and share the following information to any agency requiring information pertaining to their participation in training or where there is an educational need to know. For instance, this may include but not be limited to: Ohio Job and Family Services, or WIA, Veterans Affairs, Rehabilitation Services commission, a specific company, contracts, legal counsel, school board, teachers, and/or administrators.
 - A. Grades or progress records issued for participation in training, including any notices of academic standing, including dates of attendance.
 - B. Assessment results or enrollment status.
 - C. Financial aid and/or individual pay account records for agency verification.
 - D. General information regarding inquiries for employment during or after the completion of my education.
 - E. Telephone number.

Such release shall be for information relevant to training and/or education costs for effective monitoring of a student's training progress by all agencies concerned. Students sign indicating that they understand their right to privacy and waive this right for the purposes identified above.

Student Signature _____ Date _____

- 3) Students may sign a statement of release for awards or special recognition received, so that this may be released and used with area media for publicity; this could include a photograph and might be placed on the internet, our website or in print to local newspapers.

Student Signature _____ Date _____

Release of Information Form



I, (print name _____), authorize the Ohio Department of Education to release my educational records, which includes my name, social security number, student ID number, and date of birth to the agencies listed below. The agency use of these records is limited to and in connection with the audit and evaluation of Federally supported education programs, or in connection with the enforcement of the Federal legal requirements, that relate to such programs.

Student/Examinee information released to:

Ohio Department of Job and Family Services
 145 South Front St.
 Columbus, Ohio, 43215

Ohio Board of Regents
 30 East Broad Street
 Columbus, Ohio, 43266-0417

My signature is my acknowledgement that I have read and voluntarily consented to the release of the above mentioned educational records as collected and utilized by the adult workforce education programs I have previously enrolled in or tested with.

Social Security Number or Security Number* _____

 Signature of Student/Parent or Guardian** Date _____

*Use of Social Security Number is optional. If you choose to give us your Social Security Number, we will use it 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.