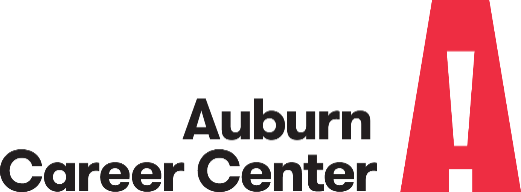
******

**STNA Program Application**

Today’s Date: June 1, 2020 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**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* 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.**

DO YOU HAVE A FELONY or MISDEMEANOR CONVICTION ON RECORD?  Yes  No

Explain: Explanation

HAVE YOU EVER HAD A FELONY OR MISDEMEANOR EXPUNGED?  Yes  No

Explain: Explanation

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

As a student of Auburn Career Center, I understand that I must maintain “Satisfactory Progress” (100% or better attendance and successful completion of all components of the program of training including 80% or better in grades) 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: June 1, 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

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

145 South Front St, Columbus, OH 43215

**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: **6/1/2020**

\*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/>



BCI and FBI Fingerprint/Background

**\*\*PLEASE TAKE THIS SHEET WITH YOU TO YOUR LOCATION, THEY WILL NEED THE INFORMATION ON THE NEXT PAGE\*\***

Please be sure to let these facilities know that your BCI & FBI fingerprints need go to the **Auburn Career Center, 8140 Auburn Road, Concord OH 44077 Attn: Lori Smith for your files**.

**Educational Service Centers - APPOINTMENT ONLY**

# ***Technology Learning Center @ Auburn Career Center***

**Required: Driver’s License or a State issued ID**

8221 Auburn Road

Painesville OH 44077

440.350.2563

**Hours:** Monday through Friday from 8:30am – 3:30pm

**Summer Hours:** Monday through Friday from 8:30 am - 2:30 pm

**Payment Method:**  CASH (exact amount)

CHECK or CREDIT CARD FBI - $35.00 BCI- $30.00

# **Mentor – Department of Motor Vehicles (DMV)**

**Required: Driver’s License**

8830 Mentor Avenue

Mentor OH 44060

440.974.9000

**Hours:**  Monday through Friday from 8:00 am – 5:00 pm

Saturday 8:00 am – 12:00 pm

**Payment Method**: CASH ONLY FBI - $34.00 BCI-$32.00

***More locations on next page***

# **Eastlake – Department of Motor Vehicles (DMV)**

**Required: Driver’s License**

31517 Vine Street

Eastlake OH 44095

440.943.5545

**Hours:**  Monday 8:00 am – 6:00 pm

Tuesday through Friday from 8:00 am – 5:00 pm

Saturday 8:00 am – 1:00 pm

**Payment Method**: CASH ONLY FBI - $34.00 BCI-$32.00

Addresses for information to be sent to:

Ohio Department of Education (Electronically Submit)

25 South Front Street

Columbus OH 43215

Purpose: Teaching License

&

Auburn Career Center (Paper Copy)

8140 Auburn Road

Concord Twp., OH 44077

Attn: Lori Smith

**STNA Application Check Off List**

The Following items need to be completed and submitted as soon as possible. It is helpful if you submit items as they are completed. Please refer to your WorkKeys Score Letter for exact cutoff dates for various information for your class. You will not be able to start class with completing all required information.

STNA Program Application

Auburn Career Center Tuition/Automatic Payment Agreements

Copy of Driver’s License

Background Checks – BCI only if you have lived in Ohio more than 5 years

BCI **and** FBI if you have lived in Ohio less than 5 years

2 Step TB Test