



REGISTRATION

Requires High School Diploma or Equivalency

Does NOT require High School Diploma or Equivalency:

Check the program for which you are enrolling:

<input type="checkbox"/>	Automotive Technician	<input type="checkbox"/>	Nail Technician
<input type="checkbox"/>	Certified Administrative Assistant	<input type="checkbox"/>	Phlebotomy
<input type="checkbox"/>	Cosmetology	<input type="checkbox"/>	Practical Nursing
<input type="checkbox"/>	HVACR	<input type="checkbox"/>	LPN to RN Transition
<input type="checkbox"/>	Health Information Technician	<input type="checkbox"/>	Pub. Safety: Firefighter
<input type="checkbox"/>	IT-Computer Systems/Networking	<input type="checkbox"/>	Pub. Safety: EMT Basic
<input type="checkbox"/>	Maintenance Technician	<input type="checkbox"/>	Pub. Safety: EMT Advanced
<input type="checkbox"/>	Massage Therapy	<input type="checkbox"/>	Pub. Safety: Fire/EMS Instructor
<input type="checkbox"/>	Medical Assistant	<input type="checkbox"/>	Welding Certification

<input type="checkbox"/>	STNA (State Tested Nurse Aide)
<input type="checkbox"/>	ADP-Welding (189hrs)
<input type="checkbox"/>	ADP-HVACR (198 hrs)
<input type="checkbox"/>	ADP-Automotive Technician (Brakes)
<input type="checkbox"/>	ADP-Certified Administrative Assistant
<input type="checkbox"/>	ADP-Nail Technician
<input type="checkbox"/>	ADP-Phlebotomy
<input type="checkbox"/>	ADP-State Tested Nurse Aide (STNA)

Adult Diploma Program (ADP) Options:
For more information call: 740-393-2933 x1121

APPLICANT INFORMATION (Please print).

Registration Date	Class Start Date	First Name	M.I.	Last Name
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(Any other previous last names)

Mailing address (# and street or P.O. box)	City	State	Zip Code
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Date of Birth	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Social Security Number	Email
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Mobile Phone	Home Phone	Work Phone
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EDUCATION HISTORY

HS Diploma City _____ ST ____ Year ____ GED City _____ ST ____ Year ____ None
Is this your first enrollment in technical school or college? Yes No

GAINFUL EMPLOYMENT DISCLOSURE

I acknowledge receipt of the *Gainful Employment Disclosure* for the program(s) for which I am registering. Gainful Employment information is located on our website at www.KnoxTechnicalCenter.com. For questions regarding Gainful Employment, contact Financial Aid at 740-393-2933.

ARE YOU APPLYING FOR FINANCIAL AID (Title IV) funding?

Yes No Are you a U.S. Citizen? Yes No (Required information for Financial Aid (Title IV) funding of full-time programs).

HOW DID YOU HEAR ABOUT US?

I heard about Knox Technical Center by:

REGISTRATION/ADMISSION PROCESS

- Complete this registration form and return with a **\$50 non-refundable registration fee (\$75 for Practical Nursing; \$100 for CAA, Nail Technician, STNA, Phlebotomy and \$136 for LPN to RN)**. Make checks payable to: KCCC. **THERE IS NO FEE FOR THE ADP PROGRAM.**
- Upon receipt of Registration form with registration fee, applicant will be registered for skill assessment date.
- Applicant must provide proof of HS diploma or equivalency and complete any additional requirements established by individual program. (Exceptions: STNA and Adult Education Diploma Options).

I understand that completion of this registration and payment of the registration fee is not a guarantee of program acceptance. Yes No (Fee is honored for one (1) year from receipt date).

I agree that upon submission of this Registration form, I will comply with the Knox Technical Center/ Knox County Career Center policies. Yes No

By signing, I agree that all information on this Registration is true to the best of my knowledge.

Signature

Date

Date Reg. Recd. _____

Date Fee Recd. _____

Received By _____

Skill Assessment Date _____