



REGISTRATION

Requires High School Diploma or Equivalency

Does **NOT** require High School Diploma or Equivalency:

Check the program for which you are enrolling:

Automotive Technician	Nail Technician
CNC Machinist Certification	Phlebotomy
Certified Administrative Assistant	Practical Nursing
Cosmetology	LPN to RN Transition
HVACR	Pub. Safety: Firefighter
Health Information Technician	Pub. Safety: EMT Basic
IT-Computer Systems/Networking	Pub. Safety: EMT Advanced
Massage Therapy	Pub. Safety: Fire/EMS Instructor
Medical Assistant	Welding Certification

	STNA (State Tested Nurse Aide)
	ADP-Welding (189hrs)
	ADP-HVACR (198 hrs)
	ADP-Automotive Technician (Brakes)
	ADP-Certified Administrative Assistant
	ADP-Nail Technician
	ADP-Phlebotomy
	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

1. 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 LPN to RN)**. Make checks payable to: KCCC. **THERE IS NO FEE FOR THE ADP PROGRAM.**
2. Upon receipt of Registration form with registration fee, applicant will be registered for skill assessment date.
3. 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 _____