Continuing Workforce Education Application

All qualified applicants for admission will receive consideration without regard to race, creed, color, national origin, sex, or disability.

PERSONAL INFORMATION

(***TYPE OR PRINT IN INK***) **All items must be completed before request will be processed.**

Social Security #: _____ (Only used as a student ID number in the MIS System maintained by LCS)

Legal Name: _____
Last First Middle Maiden

Permanent Address: _____
Street City State Zip County

Mailing Address: _____
Street City State Zip County

Home Phone: (___)_____ **Cell**: (___)_____ **Work**: (___)_____**Email**: _____

Date of Birth: ____/____/____ **Place of Birth**_____**Gender**: ☐ Male ☐ Female
Month Day Year City State Country

Are you currently employed? ☐ **No** ☐ **Yes** **Occupation**: _____

Employer's Name and Address: _____

Are you currently enrolled in High School? ☐ **Yes** ☐ **No**
Have you ever been enrolled in a Lake County School? ☐ **Yes** ☐ **No**
Do you have a High School Diploma or GED? ☐ **Yes** ☐ **No**

Ethnic Origin: (*Check one*)

☐ White (not of Hispanic origin)
☐ Hispanic
☐ American Indian or Alaskan Native
☐ Black (not of Hispanic origin)
☐ Asian or Pacific Islander
☐ Multi-Racial

Citizenship: (*Check one*) ☐ U.S. Citizen ☐ Other (Provide a copy of Visa, or permanent resident card, or I-20)

Refunds for Continuing Workforce Education/Fee Based Classes:

- Students may request a refund of both tuition and lab fee up to the advertised cut off date. This must be made in writing and approved by Lake Tech's Director or designee. Cut off dates vary by class. See Admissions for details.
- If a class does not have the required minimum number of students registered, the class is cancelled and students may transfer to another class or receive a full refund of tuition and lab fees.
- Except in cases of documented medical emergency, tuition and fees will not be refunded if a class runs.
- Books may NOT be returned at any time for any reason and are not refundable.
- Students in childcare classes may request a refund of both tuition and lab fee prior to 5 working days before the first scheduled class date.

I UNDERSTAND AND ACCEPT THE REFUND POLICY LISTED ABOVE._____
_____

FOR OFFICE USE ONLY: **FEE BASED:** _____

Date of Entry _____ Registered by: _____TU_____ FA: _____TE: _____ LF: _____ TAX: _____ TOTAL:_____

Day(s) Class Meets: M T W R F S N Fee Waived: _____ Check #:_____ Cash:_____ Bill To: _____

START DATE	TIME	COURSE #	PROGRAM	ADVERTISED TITLE	HOURS	LOC:	INSTRUCTOR NAME AND #
		E910100					