



Adult & Community Education Columbus City Schools

Program Application 2009 – 2010

Program: Practical Nursing STNA Office Systems Specialist
 Auto Mechanics HVAC Stationary Engineering
 Other: _____

Today's Date: _____ Program Start Date: _____

Last Name: _____ First Name: _____ M.I.: _____

Social Security Number: _____ E-mail: _____

Street: _____ City/State: _____ Zip: _____

Phone: () _____ - _____ Cell Phone: () _____ - _____

How did you hear about our programs?

Flyer Television Radio Newspaper COTA Bus Friend/Family
 Franklin County Job & Family Services JOBLEaders Job Weekly Publication
 Suburban News Employment Guide Job News Other source: _____

- If you are paying your deposit* by check or money order, a receipt will be issued immediately upon processing. If you are paying by credit card, a receipt will be issued immediately upon approval of the charge.
- We reserve the right to reschedule or cancel any course that does not meet our minimum enrollment requirements. If a course is cancelled or rescheduled, all fees paid are subject to reimbursement or transference, upon presentation of a receipt.
- If you are paying your deposit* by check or money order, a receipt will be issued immediately upon processing. If you are paying by credit card, a receipt will be issued immediately upon approval of the charge.
- The Columbus City Schools does not discriminate on the basis of race, color, national origin, religion, sex, or disability with regard to admission, access, treatment, or employment. This policy is applicable to all district programs and activities.

Signature: _____ Date: _____

For Office Use Only

Staff: _____ Date: _____ Amount received: \$ _____ Receipt #: _____ STID# _____

Check MO Credit Other: _____ Reference #: _____

TEAS: R _____ M _____ E _____ WorkKeys: RI _____ AM _____ LI _____

| |
|---|
| <p>* Deposit Amounts: PN: \$200 All others: \$100</p> |
|---|