



Application for Admission Form

All qualified applicants for admission will receive consideration without regard to race, creed, color, national origin, sex, or disability. Please complete front and back sides of application.

Today's Date _____ Have you applied to or attended LTC before? Yes When? _____ No

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

Social Security #: _____ (for 1098T, tax credit)

Legal Name: _____
Last First Middle Maiden

Residence Address: _____
Street City State Zip County

Mailing Address: _____
Street City State Zip County

Telephone: _____
Home: (____) _____ Cell: (____) _____ Email: _____

Work Phone: _____ Email: _____

Date of Birth: _____ Place of Birth: _____
Month Day Year City State Country

Citizenship: (Check one)

- U.S. Citizen Permanent resident alien (copy of card required)
- Non-resident alien (copy of visa required)

Are You a Veteran?

- Yes No

Emergency contacts:

_____	_____	(____) _____	(____) _____
Last	First	Work Phone	Home Phone
Relationship _____		(____) _____	(____) _____
Relationship		Cell Phone	
_____	_____	(____) _____	(____) _____
Last	First	Work Phone	Home Phone
Relationship _____		(____) _____	
Relationship		Cell Phone	

Are you interested in applying for financial aid? Yes No

Have you registered for Selective Service? Yes No

EDUCATION:

Please check the highest education earned:

- Some High School (Non-graduate) Standard US HS Diploma GED Diploma Vocational Certificate
- Other Diploma Associate's Degree Bachelor's Degree Master's Degree

Year of high school graduation _____

Foreign degrees/diplomas must be translated into English and officially evaluated.

Applied Technology

- Architectural Drafting
- Automotive Collision Repair and Refinishing
- Automotive Service Technology
- Commercial Art Technology and Graphic Design
- Commercial Foods & Culinary Arts
- Diesel Engine/Heavy Duty Truck and Bus
- Welding AM Welding PM

Business Information Technology

- Accounting Operations
- Administrative Assistant
- Computer Programming

Cosmetology

- Cosmetology Daytime (Full Specialty)
- Cosmetology Evening (Full Specialty)
- Facial Specialty (M-R, 4:00-9:00)
- Nail Specialty (M-R, 4:00-9:00)

Health Occupations

- Certified Nursing Assistant/Home Health Aide/PCA
- Emergency Medical Technician
- Massage Therapy
- Paramedic
- Practical Nursing AM (July)
- Practical Nursing PM (March)
- Practical Nursing Part-Time

Public Safety

- Corrections LE to Corr Crossover
- Corr to LE Crossover Firefighting
- Law Enforcement

Other

- Commercial Foods & Culinary Arts Apprentice
- Early Childhood Education Apprentice
- Child Care Director Credential
- GED Preparation Adult Basic Education

ALL APPLICANTS SIGN BELOW

I certify that the information given in this application is complete and accurate and I understand that to make false or fraudulent statements within this application may result in denial of admission or invalidation of certificates earned. If admitted, I hereby agree to abide by the policies, rules and regulations of Lake Technical Center. Should any of the information I have given change prior to my entry, I will immediately notify the Admissions Office.

I AFFIRM THAT:

- I understand that I must be at least 16 years of age in order to enroll.
- I understand that in order to earn a certificate for most programs, minimum scores in basic skills (reading, math, and language) are required by state law.
- I understand that there is a special populations coordinator (504) on campus who is available to assist students with disabilities.

_____ Applicant Signature

_____ Parent/Guardian Signature (if applicant is under 18 years old)

(For office use only)

TABE SCORES

DATE	FORM LEVEL	TESTING SITE	READING	MATH	LANGUAGE	BAS CODE	COUNSELOR INITIALS

PROGRAM GOAL _____

DATE _____ **COUNSELOR** _____ **COMMENTS** _____

DATE _____ **COUNSELOR** _____ **COMMENTS** _____

DATE _____ **COUNSELOR** _____ **COMMENTS** _____

DATE _____ **COUNSELOR** _____ **COMMENTS** _____