



Adult Education Full Time Program Application

A \$60.00 Application Fee must accompany this completed form

Name _____
(Legal Last Name) (Legal First Name) (Legal Middle Name) (Maiden or Alias Names)

Social Security No. _____ School District you live in: _____

Address _____
(Street) (City) (State) (Zip Code)

Do you live with parent/guardian? ☐ Yes ☐ No

Home Phone _____ Cell Phone _____ Work Phone _____

Best Time to Call: _____ Email: _____

Have you ever been convicted of, or plead guilty/no contest, to a misdemeanor or felony crime?
☐ Yes ☐ No

Demographic Information is to be used for statistical purposes only and is not used to determine admission.

Birth Date ____/____/____ Gender: ☐ Male ☐ Female

Ethnicity: ☐ Hispanic of any Race ☐ American Indian or Alaska Native ☐ Asian

☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

☐ Two or More Races ☐ Non-Resident Alien ☐ Unknown

PROGRAM INFORMATION

Interested Program (First Choice) _____ ☐ Day ☐ Evening

(Second Choice) _____ ☐ Day ☐ Evening

EDUCATIONAL INFORMATION

Do you have a high school diploma, GED, or equivalent? ☐ Yes ☐ No

High School Name/Location _____

Grade Completed _____ Date _____

COLLEGE/TRADE/BUSINESS SCHOOL(S)

Name/Location _____ Area of Study _____

Diploma/Degree _____ Dates Attended _____ Date Graduated _____

FINANCIAL AID AVAILABLE TO THOSE WHO QUALIFY

Funding Source (check all that apply): ☐ Grants ☐ Student Loans ☐ Agency Funding
☐ Military Benefits ☐ Private Pay ☐ Scholarships



GENERAL INFORMATION

The following information is requested by the Pennsylvania Department of Education and is optional. Please circle all that apply:

Reason for Enrolling	Employment Status	Special Populations	
Learn new trade	Employed Full Time	Economically Disadvantaged	Single Parent
Currently employed and looking to update skills	Employed Part Time	Educationally Disadvantaged	Displaced Homemaker
Currently unemployed and looking to update skills	Unemployed	Limited English	Non-Traditional Training
Completing Apprenticeship Program	Retired	Disabled	
Other _____	Other _____	Other _____	

How did you hear about the Lebanon County Career and Technology Center? (Check all that apply)

- ☐ Television
 ☐ Radio
 ☐ Website
 ☐ Facebook
 ☐ Brochure
 ☐ Friends/Family
☐ High School
 ☐ Trade Show
 ☐ Social Service Agency (please specify) _____

Student Signature _____

Date _____

NON DISCRIMINATION POLICY – It is the policy of the Lebanon County Career and Technology Center not to discriminate on the basis of age, sex, disability, race religion, color and national origin in its admission to educational and vocational programs, activities, or employment as required by Title IX, Section 504 and Title VI. Lebanon County Career and Technology Center will take steps to assure that lack of English language skills will not be a barrier to admission and participation in all educational and vocational programs. For information about your rights and grievance procedures, contact the Title IX and Section 504 Coordinator, at 833 Metro Drive, Lebanon, PA 17042, Telephone Number (717)273-8551.

OFFICE USE ONLY

Date Received _____	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card
Staff Initial _____	PA Secure ID Number _____
Start Date _____	Est. Completion Date _____
Length of Instructional Hours _____	Interview Date _____
Student Status _____	