



Vantage Career Center

Short Term Classes

Student Information:

Name: _____
Last First Middle Maiden

Address: _____
City State Zip Code

Email address: _____ Birth date: ____/____/____ Age: _____

Social Security #: _____ Phone #: _____

Class Interest:

- CPR Child Abuse Communicable Disease First Aid Forklift Other

Tuition Fee: _____ Payment Self Third Party _____

Start Date: _____ End Date: _____

Previous Education: HS Diploma ____ (graduation year) GED ____ (year) If no HS Diploma or GED Check Box

Name of High School/Homeschool _____

College Experience Yes, I have previous college experience ____ No, I have never attended college before ____

Non-Discrimination and Equal Opportunities Statement: Vantage Career Center does not discriminate on the basis of race, color, national origin, sex (including sexual orientation and transgender identity), disability, age, religion, military status, ancestry, genetic information (collectively, "Protected Classes"), or any other legally protected category, in its programs and activities, including employment opportunities.

The U.S. Department of Education requires schools to report on their student population using the information requested below. It is important to obtain correct data on our students. Please answer questions completely. Your information will be kept strictly confidential.

Gender: Female Male

Race:

- White Black or African American Asian American Indian or Alaska Native Hispanic/Latino
 Native Hawaiian or Other Pacific Islander Two or more races Nonresident alien

Special Population:

- Disability Disadvantaged Displaced Homemaker Single Parent
 Limited English Felony Record Enrolled in a non-traditional program

Liability:

Whereas, the undersigned voluntarily desires to participate in the _____ training course: and **Whereas**, the undersigned is aware that there are hazards which may arise through participation in said activity and that participation in said activity has serious risks, including risk of loss of life and or limb and or property of the undersigned: and **Whereas**, the undersigned being knowledgeable that the risks are involved in said course and being willing to waiver all rights or claims to injury, person, and or property:

Please turn over to finish the form

Therefore, it is agreed as follows:

In consideration of being allowed to participate in said activity and receive education and other benefits there from the undersigned hereby voluntarily assumes all risk of accident or personal damage to his/her person or property, and hereby releases the **Vantage Career Center**, its agents and employees from every claim, liability, or demand of any kind sustained, whether caused by negligence of the said **Vantage Career Center**, its agents or employees, or otherwise. The release shall be binding upon any heirs, administrators, executors and assigned of the undersigned. The undersigned, by signing this release, hereby certifies that the undersigned has read and fully understands the conditions herein provided.

Photo:

From time to time photos will be taken of students. The school reserves the right to use these photos for news releases, the school's website, school related videos and slide presentations, marketing purposes, etc. OTC at Vantage feels that these are legitimate opportunities for students to be in the "limelight" and also promote the school.

Yes or No You may use my image in media and/or school related communication

By signing below, I am responsible to pay for all charges applied to my account regardless of whether I complete, withdraw, and/or terminated from the class. I am, responsible for the charges if my third party does not make the payment in a timely manner. Class with less than 75 hours tuition must be paid in full the day of the class.

Student Signature _____ Date _____

Staff Signature _____ Date _____

Office Use – Payment Received Yes No If no please explain: _____