

**FULL-TIME ADULT
STUDENT APPLICATION PACKET**



CONNECTICUT STATE DEPARTMENT OF EDUCATION
Connecticut Technical High School System
Middletown

2009 - 2010

CONNECTICUT STATE DEPARTMENT OF EDUCATION

CONNECTICUT TECHNICAL HIGH SCHOOL SYSTEM

Patricia Ciccone, Interim Superintendent of Schools
Ceferino Lugo, Assistant Superintendent of Schools
Robert Lombardi, Assistant Superintendent of Schools

ACCREDITATION

The New England Association of Schools and Colleges accredit the Connecticut Technical High Schools.

Mission Statement of the Connecticut Technical High School System

The mission of the Connecticut Technical High School System is to provide a unique and rigorous high school learning environment that:

- ensures both student academic success and trade/technology mastery and instills a zest for lifelong learning;
- prepares students for post-secondary education, including apprenticeships, and immediate productive employment; and
- responds to employers' and industries' current and emerging and changing global workforce needs and expectations through business/school partnerships.

Prohibition of Discrimination

It is the policy of the Connecticut State Board of Education that no person shall be excluded from participation in, denied the benefits of, or otherwise discriminated against under any program including employment, because of race, color, religious creed, sex, age, national origin, ancestry, marital status, sexual orientation, mental retardation and past/present history of mental disorder, learning disability and physical disability. Legal Authority: Article XXI of the Amendments to the Connecticut State Constitution. Connecticut General Statutes Section 4a-60, 46a-60, 46a-70, 46a-71, 46a-72, 46a-73, 46a-75, and 46a-76. Inquiries regarding Title IX of the Education Amendments of 1972 or Section 504 of the Rehabilitation Act of 1973 (which prohibit discrimination on the basis of physical and mental disability, respectively), may be made to the Superintendent, Connecticut Technical High School System, 25 Industrial Park Road, Middletown, CT. 06457, or Connecticut State Department of Education, PO Box 2219, Hartford, CT. 06145, or to the Office for Civil Rights, U.S. Department of Education, Room 222, J.W. McCormack Post Office and Courthouse Building, Post Office Square, Boston, MA 02109. The State of Connecticut is an equal opportunity/affirmative action employer.

Connecticut Technical High School System Web Site

The Connecticut Technical High School System maintains an Internet web site for each of its schools, satellites and central office. To enhance the appearance of these web sites, photographic and / or video images of students and staff will be used on one or more of the web sites. These photos and / or videos will not be used for any commercial purposes.

Fiscal Responsibility

Tuition and registration fees are set by the Connecticut State Board of Education. Current rates are available from the Business Office, Guidance Office, or Administration. Tuition and fees are due and payable by the first class session of each semester by bank check or money order made payable to "Treasurer, State of Connecticut" with the exact amount due and the address and phone number of the person paying. Cash will be accepted only during the normal business hours of the school. Personal checks are no longer accepted. Students are required to adhere to all payment deadlines and will be dismissed from their program of study if these deadlines are not met.

Detailed information of all deadlines, current tuition rates, registration fees, Veteran's waivers, Senior citizen waivers, financial aid, and refunds are available at the school and should be obtained prior to enrolling in a program of study. Connecticut Technical High Schools participate in the Federal Pell Grant program. At each school, there is a financial aid liaison, an individual assigned to collect student-completed materials and all other documents required for applying for financial aid in Connecticut's Technical High School System. Upon acceptance into their program of study, students wishing to apply for financial aid should make an appointment with their school's financial aid liaison or request the Connecticut Technical High School financial aid application materials, in addition to completing and submitting a Free Application for Federal Student Aid (FAFSA) on-line, www.fafsa.ed.gov.

Overview:

The Technical High School System has offered full and part-time program for adults in a variety of programs and technologies since the inception of the school system. Full-time training is delivered to adults primarily in adult-only programs. Part-time training occurs in the evening through Apprentice, Extension, or Adult Bilingual programs.

FULL TIME PROGRAMS:

ADULT ONLY:

Programs available strictly for the adult learner are listed below. Program length may vary with each technology offering and may be mandated by licensure requirements. Listed below are the current adults-only programs, the locations are on the next page.

- Aviation Maintenance Technician
- Certified Nurse Assistant
- Dental Assistant
- Medical Assistant
- Licensed Practical Nurse Program
- Surgical Technician

ADULTS IN SECONDARY PROGRAMS:

Adults can enroll in the full-time secondary programs at the **Bristol Technical Education Center (BTEC)** on a space available basis. Program length varies by each technology. Adults enrolled as postgraduates attend trade instruction full time from September to June. The following technology programs are currently being offered at **BTEC**:

- Automotive Technology
- Culinary Arts
- Electronic Technology
- Heat, Ventilation & Air Conditioning
- Manufacturing Technology
- Welding & Metal Fabrication

This packet contains the following information;

- List of full-time adult programs and their locations
- School addresses and phone numbers
- Full-time Application Process
- Full-time Application Form
- Full-time Adult Student Information Sheet
- Adult Physical form
- Refusal for use of Hepatitis B virus vaccine form
- Full time tuition waiver request

An Adult Programs Addendum to the Student Handbook will be distributed on the first class session. For a complete description of the courses at each school, please visit our website, **CTTECH.org**.

APPLICATION PROCESS

- All applicants must complete a **Full-Time Adult Program Application for Admission**.
- All applicants must submit a high school transcript or General Educational Development (GED) certificate
- All applicants must submit a signed and dated copy of the **Full-time Adult Student Information Sheet**.
- The Licensed Practical Nurse Program and the Aviation Maintenance Program have varied start dates.
Interested candidates must check the specific school website for application deadlines.

When applying for admission to a full-time adult only program

- The completed application documents must be submitted to the specific technology **Department Head**.
[The list of full time adult programs, their locations and the technology Department Heads is on page 6]
- Applicants may be scheduled for an interview and/or test.

NOTE: Applications, complete or incomplete will not be returned

ACCEPTANCE PROCESS

Successful applicants will be notified in writing and instructed to submit a non refundable \$50 registration fee. The registration fee **must be paid immediately** to secure a place in the program. The registration fee must be a bank check or money order (**no personal checks accepted**), made out to: Treasurer, State of Connecticut
In addition, the successful applicants will be instructed to submit the following information:

- Physical Exam Form,
NOTE:
 - For applicants who will be starting their program in August 27, 2009, the completed Physical Exam Form **must be returned by August 14th**.
 - For applicants who will be starting their program after January 1, 2010, the completed Physical Exam Form **must be returned by December 1st**.
- Hepatitis B virus vaccine refusal form must be returned at the same time as the physical form.
- Full-time Tuition Waiver Form, **NOTE:** Tuition waivers are only accepted for veterans and senior citizens.
- Financial aid documents can be obtained at the school. The completed financial aid forms must be submitted as follows:
 - For applicants who will be starting their program in August 27, 2009, the completed forms **must be returned by August 14th**.
 - For applicants who will be starting their program after January 1, 2010, the completed forms **must be returned by December 1st**.

Note: The Certified Nurse Assistant program does not meet the minimum number of required hours to qualify for financial aid (Pell Grant). The tuition waiver process is available.

NOTE: LPN Program students must submit documentation of Health Provider Level CPR Certification by March 1, 2010!

Full-Time Adult Programs and School Locations

Address	Telephone Number	School Principal	Programs	Program Department Head
Bullard-Havens Technical High School 500 Palisade Avenue / Bridgeport 06610	203-579-6333	Ken Hilliard	Licensed Practical Nurse	Karen Ivers
Henry Abbott Technical High School Hayestown Avenue/ Danbury 06810	203-797-4460	Jerry G. Salese	Licensed Practical Nurse (day and evening programming)	Pamela Cramer
Howell Cheney Satellite 170 Elm Street/ Enfield 06082	860-253-3100	Bruce Sievers	Licensed Practical Nurse	Vacant
Eli Whitney Technical High School 71 Jones Road / Hamden, CT 06514	203-397-4031	E. Paulett Moore	Licensed Practical Nurse Certified Nurse Assistant Surgical Technician	Ann Simko Bonnie Drowdowicz Karen Dempsey
A.I. Prince Technical High School 401 Flatbush Avenue / Hartford 06106	860-566-1867	William Chaffin	Licensed Practical Nurse Dental Assistant Surgical Technician	Susan Deane Janice Ferrara Elia Acosta
Vinal Technical High School 60 Daniels Street / Middletown 06457	860-344-7100	Sheila Fredson	Licensed Practical Nurse (day and evening programming)	Donna McBrien
Platt Technical High School 600 Orange Avenue / Milford 06460	203-783-5300	Gene LaPorta	Medical Assistant	Karen Canty
E.C. Goodwin Technical High School 735 Slater Road / New Britain 06053	860-827-7736	Steve Anderson	Licensed Practical Nurse	Ted Moskowitz
Norwich Technical High School 7 Mahan Drive / Norwich 06360	860-889-8453	Nikitoula Menounos	Licensed Practical Nurse	Katherine Pellerin
J.M. Wright Technical High School P.O. Box 1416 / Stamford 06904	203-324-7363	Joseph LaVorgna	Licensed Practical Nurse Certified Nurse Assistant	Mary Anne Kennedy Cynthia Distasio
Stratford School for Aviation Maintenance Technicians Great Meadow Road / Stratford 06615	203-381-9250	Ken Hilliard	Aviation Maintenance Technician	Mark Lloret
W.F. Kaynor Technical High School 43 Tompkins Street / Waterbury 06708	203-596-4302	Robert Axon	Licensed Practical Nurse	Regina Wrenn
Windham Technical High School 210 Birch Street / Willimantic 06226	860-456-3879	Kirk Murad	Licensed Practical Nurse Dental Assistant	Connie Gibeault Susan Doliver
Connecticut Aero Tech 500 Lindbergh Dr., Hartford 06114	860-566-1234	Bruce Sievers	Aviation Maintenance Technician	Charles Hilton
Bristol Technical Education Center 431 Minor Street, Bristol 06010	203-584-8433	Richard Steel (Acting Principal)	Automotive Technology Culinary Arts Electronic Technology Heat, Ventilation & Air Conditioning Manufacturing Technology Welding & Metal Fabrication	Richard Dulac Joseph Fortuna Brian Kelleher Steve Donaghy (Acting Dept Head) Ben Russell Joseph Hanlon

Application checklist:

Applicant Name: _____ Date: _____

Trade Program: _____

Have you

- Completed all sections of the Application for Admission
- Included an official copy of your High School transcript or GED certificate
- Signed and dated the Full-time Adult Student Information Sheet
- Included a self addressed stamped envelope (legal size)

LPN program applicants, have you

- Taken ATI's TEAS test
- Included a resume
- Included documentation of passing Intermediate Algebra or equivalent
- Included documentation of passing English Composition or equivalent



State of Connecticut Technical High School System

Application for Admission Full-Time Adult Programs

In order to be considered for admission to a Technical High School, applicants must:

- ◆ supply the Technical High School with a high school transcript or evidence of successfully completing the General Educational Development (GED) test;
- ◆ submit signed and dated copy of the **Full-time Student Information Sheet**.
- ◆ Licensed Practical Nurse Program applicants must have taken ATI's **TEAS** test. Applicants must also include:
 - Resume
 - Documentation of having passed the following college level courses
 - Intermediate Algebra or equivalent with a "C" or better
 - English Composition or equivalent with a "C+" or better
- ◆ Self addressed stamped envelope (legal size)

Incomplete applications will not be processed!

Instructions

Complete this application with the appropriate signature and enclose a copy of an official high school transcript or GED certificate. Return the completed application to the appropriate Technical High School addressed to the applicable trade Department Head.

Applicants may have to participate in an interview as part of the application process depending on the trade program.

This application requests general information about your national origin, gender, racial or ethnic group, and primary language spoken in the home. Providing this information is voluntary. The information provided will be used for record-keeping purposes only; it will not be used as a factor in any action concerning education, activities or employment.

Please **print** clearly.

Student Name: _____

Technical High School applying to: _____

Adult program applying for:

- () Aviation Maintenance Technician () Certified Nurse Assistant () Dental Assistant () Dental Lab Technician
 () Medical Assistant () Surgical Technician () Licensed Practical Nurse*

* When applying to the LPN Program at Vinal or Abbott, please specify if you prefer DAY or NIGHT.

For Bristol Technical Education Center, specify program: _____

NOTE: Interested candidates, who want to be considered for admission at more than one technical school, must submit a complete application packet to each Technical High School.

Personal Information

Full Name: _____ (Last) _____ (Maiden) _____ (First) _____ (Middle)

Address: _____
(Box, Apartment, Street Name and Number)

(City or Town) (State) (Zip Code)

Mailing Address: _____
(If different) (Box, Apartment, Street Name and Number)

(City or Town) (State) (Zip Code)

Birth Date: _____ **Place of Birth:** _____
(Month/Day/Year) (City) (State) (Country)

Home Phone: () _____ **Other Phone:** () _____

Email address: _____

General Information

Gender: Male Female **Racial or Ethnic Group:** American Indian or Alaskan Native (1)
 Asian American or Pacific Islander (2)
 Black (3)
 White (4)
 Hispanic (5)

Primary Language: _____

High School graduate? Yes No

If yes, name of High School: _____

If no, do you have a GED certificate? Yes No

NOTE: A copy of a High School transcript or GED certificate must be included with this application.

Are you a U. S. Veteran? Yes No **Dates of Service** _____ **to** _____

Type of discharge: _____

Are you interested in applying for financial aid (Pell Grant)? Yes No
(Note: The Certified Nurse Assistant program does not meet the minimum number of required hours to qualify for a Pell Grant.)

Have you attended/applied to another Connecticut Technical High School? Yes No

If yes, name of school: _____

Have you ever been convicted of any crime? Yes No

Are there any criminal charges pending against you? Yes No

If you have answered yes to either of these questions, attach a sheet providing specific information. If conviction of a crime or pending criminal charges is a basis for rejection, you will be notified in writing and you will be provided an opportunity to request reconsideration (see CGS 46a-79 and 80). Failure to disclose a conviction or pending criminal charges will be a basis for rejection, or dismissal if enrolled.

.....

Please tell us how you heard about the adult education programs in the CTHSS.

() word of mouth () newspaper ads () newspaper articles () cable TV

() TV ads () radio ads () career fairs () internet

() other _____

I hereby certify that the information provided by me in this application is true, complete and accurate.
I understand that applications will not be returned.

Date: _____

Signature of Applicant

It is the policy of the Connecticut Technical High School System that no person shall be excluded from participation in, denied the benefits of, or otherwise discriminated against under any program, including employment, because of race, color, religious creed, sex, age, national origin, ancestry, marital status, sexual orientation, or disability (including, but not limited to, mental retardation, past or present history or mental disorder, physical disability or learning disability), genetic information, or any other basis prohibited by Connecticut state and/or federal nondiscrimination laws. The Connecticut Technical High School System does not unlawfully discriminate in employment and licensing against qualified persons with a prior criminal conviction. Inquiries regarding the Connecticut High School System's nondiscrimination policies and practices should be directed to Dr. Abigail Hughes, Superintendent of Schools, Connecticut Technical High School System, 25 Industrial Park Road, Middletown, CT 06457, and/or, regarding race, color, national origin, age, sex and/or disability to the Office for Civil Rights, U.S. Department of Education, Boston, MA 02110-1491, telephone 617.289.0111, fax 617.289.0150, TTY/TDD 877.521.2172. The Connecticut Technical High School System is an equal opportunity/affirmative action employer.

For Technical High School Use Only

Application fee submitted ___ High School Transcript or GED submitted ___

LPN program entrance test scores submitted _____ Intermediate Algebra grade submitted _____

English Composition grade submitted _____ Resume submitted _____

Date: _____ Signature: _____ Title: _____

Applicant's State Assigned Student ID (SASID):

Applicant Student Identification number:

REVIEW THE FOLLOWING PAGES
ESPECIALLY THE STUDENT
INFORMATION SHEET.

PLEASE NOTE,
THE FOLLOWING FORMS ARE NOT
TO BE COMPLETED AND RETURNED
UNLESS YOU ARE ACCEPTED INTO A
PROGRAM

Connecticut Technical High School System
2009-2010 Full-Time Adult Student Information

Tuition is set by the Connecticut State Board of Education. The current tuition rate is as follows:

Registration fee (non-refundable) – regardless of whether a student is applying for financial aid - **\$50.00** per student per academic year attended.

Tuition is due on or before the first class session of each semester.

- Returning LPN Students: **Fall 2009-\$1350, plus \$50 registration fee.**
- New LPN Students starting **January 2010- \$1550, plus \$50 registration fee.**
- Certified Nurse Aide program: **\$1350, plus \$50 registration fee.**
- Returning Aviation Mechanic Program - **\$5,400 payable in 3 installments plus a \$50 registration fee.**
- New Aviation Mechanic students starting in **December 2009 - \$6,200 payable in 3 installments plus a \$50 registration fee.**
- All other full-time adult programs: **Fall 2009-\$1550, plus \$50 registration fee**
Spring 2010- \$1550

Methods of payment

Bank check or money order - payable to "Treasurer, State of Connecticut" for the exact amount due.

Cash will be accepted only during regular business hours (8:30 a.m. – 4:30 p.m.)

No personal checks or partial payment plans will be accepted.

Alternate methods of payment (It is the responsibility of the student to initiate and follow up on the methods listed below):

Tuition waiver – Tuition Waiver Request form must be submitted **NO LATER THAN** two weeks prior to first class session.

Veteran - Tuition Waiver Request form with a copy of DD-214 attached

Senior citizen - age 62 and over - Tuition Waiver Request form with copy of proof of age

If any waiver request is denied, tuition is due five class days following the date of denial letter or on or before the first class session, whichever is later.

Outside agencies (employer, WIA, etc.) - Written documentation from the agency guaranteeing payment for the student must be presented to the school prior to the tuition deadline(s) noted above.

Financial aid (PELL Grant only) - a valid Student Aid Report (SAR), CTHSS forms, and supporting documentation (Copy of 2008 signed Federal income tax return) must be on file at central office by the following deadlines (Contact school's financial aid liaison):

- Students returning in the fall 2009 semester to continue or complete their program: due June 2, 2009
- New students enrolling in the fall 2009 semester: due August 1, 2009
- New students enrolling in December 2009 or January 2010: due December 1, 2009

If a student is deemed ineligible for financial aid, outstanding tuition is due five days following the denial notification. If a student is notified that their financial aid award will not cover the entire semester tuition cost, all tuition and fees are due five days following the award notice or by the regular tuition deadline, whichever is later.

Note: The Certified Nurse Assistant program does not meet the minimum number of required hours to qualify for a Pell Grant.

If payment deadlines or at least one of the alternate method deadlines are not met, the student will be dismissed from his/her program of study immediately.

Refunds - All requests (except military and serious illness) must be in writing to the Principal or Assistant Principal within 14 days of the first class session.

Amounts

100% of tuition – request made prior to 1st class session.

60% of tuition – within 14 calendar days of the 1st class session.

Withdrawal due to military action or serious illness

100% - must be supported by written documentation by military or medical professional.

Dismissed students - if a student is dismissed from his/her program of study (regardless of length of program) for attendance, grades, or disciplinary reasons, no refund will be made.

Attendance

Regular attendance by students is a critical aspect of the educational process and is closely monitored. Students with attendance problems will be dismissed from the program.

I have read and understand the above:

Student Signature _____ Printed Name _____ Date _____

CONNECTICUT STATE DEPARTMENT OF EDUCATION
Technical High School System -- Middletown

ADULT PHYSICAL EXAMINATION FORM

Student Name: _____ Date of Birth: _____

ADDRESS: _____
Street City State Zip

PHONE: Home _____ TRADE/PROGRAM: _____

Date of Exam: _____

TO THE EXAMINING PHYSICIAN/HEALTHCARE PROVIDER:

On the basis of my health assessment and physical exam: Student denies Latex Allergy

Student is clear to participate in a clinical/classroom/lab setting with no restrictions for the following programs (please check)

- Aviation Maintenance Technician
- Certified Nurse Assistant
- Dental Assistant
- Dental Lab Technician
- Licensed Practical Nurse
- Medical Assistant
- Surgical Technician

IF NO, please explain the nature of the restrictions/limitations related to the delivery of patient care:

IMMUNIZATION ASSESSMENT:

TITERS MUST BE POSITIVE PER LABORATORY STANDARD: *If titers show student is not immune, please state plan of how non-immunity will be addressed.*

RUBEOLA (MEASLES) TITER: Immune? Yes _____ No _____
May be Qualitative or Quantitative Titer

RUBELLA TITER (GERMAN MEASLES): Immune? Yes _____ No _____
May be Qualitative or Quantitative Titer

MUMPS TITER: Immune? Yes _____ No _____
May be Qualitative or Quantitative Titer

VARICELLA (CHICKEN POX) TITER: Immune? Yes _____ No _____
Must be Quantitative Titer

HEPATITIS B SERIES: Declined (If declined, need to sign waiver)

Per protocol _____
1st dose 2nd dose 3rd dose

HEPATITIS B Surface Antibody Titer must be Quantitative Titer 2 months following the last dose

PPD 1 (Mantoux Tuberculin testing required yearly)

Date Given

Date Read

Results

If positive PPD, list chest x-ray date: _____

Student shows no evidence of TB symptoms

TETANUS/TD BOOSTER _____ (must be within last 10 years)
Date Given

Healthcare Provider
(Print Name)

Healthcare provider
(Signature)

DEA Number

Date _____

Address: _____

Telephone () _____ - _____

Information for Students and Healthcare Providers about Immunity Assessment/Titers for Nursing Students

MMR: **the MMR titers once determined do not have to be rechecked, regardless of when drawn.** It is possible that they may be lowered during pregnancy, but otherwise should remain consistent. In this case a *qualitative* titer is acceptable. In a situation whereby a student was vaccinated in year one of the program, titers should be validated in year 2 of the program.

Varicella: *Quantitative* titers should be drawn once; **if immunity is determined to be present then student does not need titer drawn for second year.** In any case if student is immunized year 1 then titer should be drawn year 2, the key is QUANTITATIVE titer vs. qualitative (i.e. EIA index is not a quantitative titer).

Hepatitis B: Very Tricky. Some people NEVER develop immunity; some can lose immunity over time, thereby requiring a booster. So with this in mind: those students that go through their series of injections during or in preparation for year one of the program, should then go on to have a QUANTITATIVE test for year 2 (Nichols number is: 51938P, apparently a classification system for labs). This value must exceed 10 milliunits / ml to establish immunity. If immunity is not established, the student should have a booster and have immunity rechecked.

If a student produces a recent titer (less than 5 years old) that establishes immunity this will suffice for both years. In the event that a student produces a titer 5 years or older a quantitative titer is required for year 1.

The student that comes to us stating they have had the series in the past, regardless of proof of the shots, still need to have a quantitative titer done to establish immunity. For all intents and purposes for any student (even those who are readmitted or transferred) this should suffice as long as we were within a 5 year window of time from the initial establishment of immunity.

If a student refuses to receive Hepatitis B immunization a waiver must be signed and kept on file.

PPD: Must be updated on a yearly basis in order to maintain status in the program, exceptions:

Students who have received BCG immunization should not get a PPD

Students who have had a positive PPD

Students who are immunosuppressed, have cancer, or are on steroids should not get a PPD

If PPD cannot be obtained because of the above, student should have a SINGLE chest x-ray to document freedom from disease. Thereafter, on a yearly basis, a note must be received from the Healthcare provider stating that the student shows no evidence of symptoms of TB.

Source: Quest Diagnostic Laboratory, July 2004

REFUSAL FOR USE OF HEPATITIS B VIRUS VACCINE

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. However, I decline hepatitis B vaccination at this time. I understand that by declining this hepatitis B vaccination at this time, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can then receive the vaccination series.

NAME: _____ DATE: _____

WITNESS: _____ DATE: _____

Student Statement of Release

I hereby authorize (*name of educational institution*) to release a copy of my health record to clinical site agencies and/or to contact my Healthcare provider for clarification of information.

I understand that I must submit a completed Health Assessment form prior to participation in any clinical experiences.

I am aware that if during the course of the academic year(s) requiring my participation in clinical experiences, my health status should change in a way that would impact my ability to perform in clinical, I must notify the Director/Administrator of the program. The need for additional clearance will be determined at that time.

Student Name (Please Print)

Student Name (Signature)

Date

CTHSS - ADULT EDUCATION

2009- 2010 Full Time Tuition Waiver Request

Requests due in Central Office:

- Full-time returning students – June 2, 2009
- Full-time new students beginning Fall, 2009– August 14, 2009
- Full-time new students beginning Spring, 2010, two weeks prior to first class session

If the request is denied, tuition is due on or before the first class session, or if the student is already enrolled, five class days following the date of the denial letter.

STUDENT INFORMATION

Student Name _____ Date Submitted _____

Street Address _____

City, State, Zip _____

Check reason type and attach copy of appropriate documentation:

Waiver Request Reason	Acceptable Documentation
<input type="checkbox"/> Veteran	1) DD-214 with proof of honorable discharge; OR 2) Proof of current active duty service.
<input type="checkbox"/> Senior Citizen	Valid photo ID with DOB showing student is age 62 or older.

TO BE COMPLETED BY SCHOOL

School Name _____ Waiver Number _____

Course Name _____ Course Start Date _____

Reviewed and submitted by:

Principal/Regional Assistant Principal or designee _____ Date _____

TO BE COMPLETED BY CENTRAL OFFICE

Approved _____ Denied _____

Superintendent _____
Or Designee _____

Date _____

PLEASE NOTE: A COPY OF THIS MUST BE ATTACHED TO APPLICATION/REGISTRATION FORM

SEND TO: CTHSS ADULT EDUCATION OFFICE, 25 Industrial Park Road, Middletown, Connecticut