



## EDUCATIONAL BACKGROUND

High School Attended: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Graduated or GED Date: \_\_\_\_\_

Trade School/College Attended: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Is this your first time attending any adult training program? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If No, where did you attend? \_\_\_\_\_

## FULL-TIME & PART-TIME WORK EXPERIENCE

Please begin with the most current employment

<u>Name of Company</u>	<u>Address</u>	<u>Type of Work</u>	<u>Date: From-To</u>

Do you have any handicaps that would prevent you from regular participation in the program that you have selected? Yes \_\_\_\_\_ No \_\_\_\_\_

I certify that I am currently a resident of \_\_\_\_\_ county.

I certify that all of the information provided by me is true to the best of my knowledge.

SIGNATURE
DATE

**UNION COUNTY VOCATIONAL-TECHNICAL SCHOOLS**  
 1776 Raritan Road, Scotch Plains, New Jersey 07076 (908)889-8288 X307  
**School Year 2023-2024 POST-SECONDARY AGREEMENT**



Program Code

Last Name	First Name	M.I.	Maiden Name
Home Address	City	State	Zip
Home Telephone	Date of Birth	S.S.#	GED/HS
_____ FULL-TIME	_____ AGENCY FUNDED	_____ IN-COUNTY	_____ OUT-OF-COUNTY

ALL APPLICATION PACKETS MUST BE ACCOMPANIED BY A \$10.00 APPLICATION FEE AND DEPOSIT.  
 ATTACH CHECK OR MONEY ORDER IF SENDING BY MAIL. A \$20.00 FEE WILL BE CHARGED FOR BOUNCED CHECKS.

**PAYMENT SCHEDULE**

	Union County Resident	Out-of-County Residents	
<b>First Semester</b>	<b>Full-Time</b>	<b>Full-Time</b>	<i>\$10.00 Application Fee                      Applies to In County and                      Out-of-County Residents</i>
Deposit Due with Application	\$ 250.00	\$ 375.00	
Installment 1 Due August 1st	1,312.50	1,843.75	
Installment 2 Due October 1st	<u>1,312.50</u>	<u>1,843.75</u>	
Total Tuition First Semester	\$ 2,875.00	\$ 4,062.50	
<b>Second Semester</b>	<b>Full-Time</b>	<b>Full-Time</b>	
Installment 3 Due January 1st	\$ 1,312.50	\$ 1,843.75	
Installment 4 Due March 1st	<u>1,312.50</u>	<u>1,843.75</u>	
Total Tuition Second Semester	\$ 2,625.00	\$ 3,687.50	
<b>Total Tuition – One Year</b>	<b>\$ 5,500.00</b>	<b>\$ 7,750.00</b>	

**TERMS**

My signature certifies that all of the information provided by me is true to the best of my knowledge. I understand that the \$10.00 application fee and the \$250.00 deposit **are not refundable**. I agree to pay the tuition installments on or before the scheduled due date. It is my understanding that I have the option to pay in full or by the installments listed above. Other arrangements must be made with the Adult Education Business Office. It is further understood that a student may be terminated prior to completion for insufficient progress, unsatisfactory attendance, nonpayment of tuition or failure to comply with board policy and administrative rules and regulations. The school agrees to provide all students with instruction in the program for which he/she enrolls and which has been approved by the State of New Jersey, Department of Education. All graduates are entitled to receive placement assistance. However, it is understood that neither graduation nor placement are guaranteed. **I understand that I must apply for financial aid and it does not relieve me of my financial obligations to the school.** Out-of-County residents may be eligible for a charge-back from their county of residence. Obtaining the charge-back is the responsibility of the out-of-county student. **The Refund Policy** states that if a post-secondary student withdraws before or within 5 days of the start of the semester, a 100% refund of the installment will be issued. If a post-secondary student withdraws from school between 6 and 20 days of the start of the semester, a 50% refund of the installment will be issued. A post-secondary student who withdraws after 21 days or more **WILL NOT receive a refund**. Refunds of installment payments will be mailed to the student's home address within 30 days of the board of education meeting that occurs after notification of non-acceptance or the official date of withdrawal.

**Bring or mail this tuition agreement to: Union County Vocational-Technical Schools, Adult Education Business Office  
 1776 Raritan Road, Scotch Plains, New Jersey 07076**

Student Signature	If Under 18, Parent/Guardian Signature	Date
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**UNION COUNTY VOCATIONAL – TECHNICAL SCHOOLS  
1776 RARITAN ROAD SCOTCH PLAINS, NJ 07076**

**MEDICAL HISTORY QUESTIONNAIRE**

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **SS#** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_  
                   **No.            Street                            City                            Zip**

**Program Applying for:** \_\_\_\_\_

Have You Ever	Yes	No	If Yes Explain	Have You Ever	Yes	No	If Yes Explain
Been Operated on				Diabetes			
Been Advised to have An Operation				High Blood Pressure			
Been a Patient in a Sanitarium or Institution				Allergies, or Reactions To Drugs			
Been Seriously Injured				Asthma			
Been Refused Employment for Health Reasons				Heart Trouble			
Been Forced to Give Up a Job Because of Health Reasons				Epilepsy			
Been Refused a Driver's License for Health Reasons				Fainting Spells or Dizziness			
Injured your back or had Back trouble				Hay Fever			
Had a hernia or rupture				Severe Headaches			
Had Fits or Convulsions				Jaundice			
Had Bad Injury to the Head				Paralysis			
Had Nerve Trouble				Tuberculosis			
Taken Narcotics Which Were not Prescribed				Nervous Breakdown			
Kidney Difficulties				Rheumatic Fever			
Shortness of Breath				Skin Rashes or Eczema			
Venereal Disease							

**You may be requested to provide the school with a urinalysis at your expense, from a certified laboratory from drug testing.**

**Last Tetanus Immunization (lock jaw).    Date:** \_\_\_\_\_

The above statements are true to the best of my knowledge. I understand that any misstatement of fact is grounds for release from school.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**UNION COUNTY VOCATIONAL – TECHNICAL SCHOOLS  
1776 RARITAN ROAD SCOTCH PLAINS, NJ 07076**

**Post-Secondary Health Form**

1. Do you have any physical limitations the school should be aware of? YES      NO

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

2. Are you under the care of a physician? YES      NO

If yes, please explain nature of illness and date of occurrence. \_\_\_\_\_  
\_\_\_\_\_

3. Are you taking any medication, especially one that might affect your performances in school? YES      NO

If yes, please explain medication and reason. If you are to take medication during school hours, physician's request is required \_\_\_\_\_  
\_\_\_\_\_

4. Do you have a hearing disorder? YES      NO

If yes, is it corrected, and how is it corrected (i.e. Surgery, hearing aids etc.?) \_\_\_\_\_  
\_\_\_\_\_

5. Do you have a vision disorder? YES      NO

If yes, farsighted?, color-blind?, other? \_\_\_\_\_

If yes, is it corrected with glasses and/or contacts? Indicate which \_\_\_\_\_  
\_\_\_\_\_

6. Have you had any back injuries, illness or operations that might limit your activities in school? YES      NO

If yes, please list and give dates of each: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: (    ) \_\_\_\_\_