

LEI REGISTRATION FORM
Butler Tech Public Safety Education
 5140 Princeton Glendale Rd.
 Liberty Twp., OH 45011

Phone 513.645.8350 Fax 513.844-8946
 carterl@butlertech.org



APPLICANT INFORMATION

First Name		Last Name		Middle Initial
Date of Birth		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		
Home Phone	Cell Phone		Email	
Street Address		City	State	Zip

ETHNICITY

American Indian/Alaska Native <input type="checkbox"/>	Asian <input type="checkbox"/>	Black or African American <input type="checkbox"/>	Hispanic/Latino <input type="checkbox"/>
Native Hawaiian or Other Pacific Islander <input type="checkbox"/>	Race and Ethnicity Unknown <input type="checkbox"/>	Two or More Races <input type="checkbox"/>	White, Non-Hispanic <input type="checkbox"/>

COURSE INFORMATION

Course Name	Start Date	Cost
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METHOD OF PAYMENT (please select one)

Cash <input type="checkbox"/>	Check/Money <input type="checkbox"/>	Credit/Debit MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> DiscoverCard <input type="checkbox"/>	Card #	Exp Date	Security Code
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Invoice Purchase Order # _____

Agency Name: _____

Billing Address _____

Authorized Signature _____ Phone# _____

STUDENT'S STATEMENT

I have read, understand and agree to abide by the part-time program refund policy. If my expenses are paid by an employer or agency, I hereby accept financial responsibility for tuition, books, and lab fees should they not pay on a timely basis. I give permission to the school to supply educational information to the company or agency paying for the program.

Student's Signature: _____