

**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](mailto: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:** \_\_\_\_\_