

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: _____



DAVE YOST
OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission
800-346-7682

P.O. Box 309
London, Ohio 43140
www.OhioAttorneyGeneral.gov

Student Enrollment/Certification Record

Information on this form MUST be typed; handwritten copies will not be accepted. Please double check for accuracy.

Student Information:

Name: _____ Alias: _____
Last First Middle

Home Address: _____
No./Street and/or P.O. Box City County State Zip Code

Phone Number: _____ - _____ - _____ Male _____ Female _____ DOB: _____ SSN (Last 5): _____

Email Address: _____

Driver License Number: _____ State: _____ Expiration Date: _____

Complete if applicable & attach SF400 Notice of Appointment:

Appointing/Employing Agency _____ Agency County _____

Agency Email _____

Date of Appointment/Employment _____ Position/Title _____

Race: _____ American Indian/Alaska Native _____ Asian _____ Black/African American _____ Hispanic/Latino
_____ Native Hawaiian/Pacific Islander _____ White _____ Other

Education: _____ High School Diploma _____ GED

Student Status:

Peace Officer	_____ Basic Training _____ Refresher _____ Prior-Equivalent
Private Security	_____ Academic _____ Revolver _____ Shotgun _____ Semi-Auto Pistol _____ REQ
Corrections	_____ Basic Training _____ Prior Equivalent
Court Officer	_____ Basic Training

Commander's Signature Date School Name School Number

OPOTC Use Only

_____ Approved _____ Open Enrollment _____ Withdrawn _____ Failed _____ Dismissed

Private Security Requal Due Date: _____ Approval Date: _____

Last Date of Class: _____ Exam Date: _____ Certification Officer's Initials: _____

Certificate Number: _____ Date Certificate Issued: _____



STUDENT DISCLOSURES AND STATEMENT OF UNDERSTANDING

Student Name: _____
(Last) (First) (Middle Name)

Previous Name(s) or Alias: _____

Student SSN (Last 5): _____ Student DOB: _____ School Number: _____

School Name: _____

Please answer the following questions by checking either "Yes" or "No:"

1. Have you ever been convicted of a felony offense in any jurisdiction, including any conviction that has been sealed or expunged? (If so, you may not attend any portion of a Peace Officer Basic Training Academy.) _____ YES _____ NO
2. Are you a fugitive from justice? _____ YES _____ NO
3. Have you ever been convicted of a felony offense of violence as defined in ORC 2901.01? _____ YES _____ NO
4. Have you ever been adjudicated a delinquent child for the commission of an offense that, if committed by an adult, would have been a felony offense of violence? _____ YES _____ NO
5. Have you ever been convicted of any felony offense involving a drug of abuse? _____ YES _____ NO
6. Have you ever been adjudicated a delinquent child for the commission of an offense that, if committed by an adult, would have been a felony offense involving a drug of abuse? _____ YES _____ NO
7. Are you drug dependent, in danger of drug dependence, or a chronic alcoholic? _____ YES _____ NO
8. Are you under adjudication from any court for mental incompetence? _____ YES _____ NO
9. Have you been adjudicated by a court as a mental defective? _____ YES _____ NO
10. Have you been committed by a court to a mental institution? _____ YES _____ NO
11. Have you been found by a court to be a mentally ill person subject to hospitalization by court order, or have you been an involuntary patient other than one who is a patient only for purposes of observation? _____ YES _____ NO
12. Have you ever been convicted of a crime that had a possible sentence of more than one year? _____ YES _____ NO
13. Are you an alien, illegally or unlawfully in the United States? _____ YES _____ NO
14. Have you been discharged from the Armed Forces under dishonorable conditions? _____ YES _____ NO
15. Have you renounced your United States citizenship? _____ YES _____ NO
16. Are you under a court order that restrains you from harassing, stalking, or threatening an intimate partner or the child of such intimate partner, or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or child? _____ YES _____ NO

- 17a. Have you been convicted of a misdemeanor crime of domestic violence? _____ YES _____ NO
- 17b. Have you been convicted of a misdemeanor crime that has, as an element of that crime, the use or attempted use of physical force, or the threatened use of a deadly weapon?
If yes, please explain your relationship with the victim (stranger, present or former spouse, household member, child, other family member, other – please describe). _____ YES _____ NO
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18. Do you currently have criminal charges pending in any jurisdiction? _____ YES _____ NO
19. Do you currently possess a valid driver's license and have driving privileges in the state of Ohio? _____ YES _____ NO
- 20a. Have you been awarded and do you possess a high school diploma? _____ YES _____ NO
- 20b. If you answered no to 20a, have you been awarded and do you possess a certificate of high school equivalency? (Explain.) _____ YES _____ NO
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BY INITIALING BESIDE EACH STATEMENT, I ACKNOWLEDGE AND UNDERSTAND THE FOLLOWING:

If I provide false information on this form, I may be discharged from this school, and may be charged with a crime.

If a criminal or delinquency charge is filed against me while I am a student of this school, I MUST report it to the Commander immediately

If I am charged with any offense that may result in a felony conviction or in a state or federal weapons disability, I may be suspended from this school until the case is complete, and at that time, my ability to be reinstated to the school would be re-examined.

If I am convicted of a felony offense or one that results in a state or federal weapons disability, I may be ineligible to attend the school.

I hereby grant OPOTC consent to disclose to the Commander information regarding any and all of my criminal or delinquency history information that might impact my ability to participate as a student in an OPOTC-approved school.

I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.

Signature

Printed Name (First, Middle, & Last Name)

Date

Witness Signature

Witness Printed Name (First, Middle, & Last Name)

Date



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Family Educational Rights and Privacy Act (FERPA)
20 U.S.C. § 1232g; 34 CFR Part 99)
CONSENT TO RELEASE STUDENT INFORMATION

TO ADMINISTRATOR(S) AND/OR STAFF OF:

(College, University, or Career Center that will release the educational records)

Please provide information from the educational records of:

(Name of Student requesting the release of educational records)

to the Ohio Peace Officer Training Commission (OPOTC).

The information to be released under this consent includes any requested records, other than medical records held solely by Student Health Services or the Counseling Center. The information is to be released for the purpose of Ohio Peace Officer Training Commission oversight of, and communication regarding training programs related to Ohio Administrative Code Chapters 109:2-1 through 109:2-18.

I understand the information may be released orally or in the form of copies of written records, photographs, videos, electronic documents, or otherwise, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent. I understand I may revoke this Consent upon providing written notice to the Commander of the OPOTC-approved school with which I am or was associated and/or enrolled. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to the Ohio Peace Officer Training Commission for the purposes described above.

Student Name (print) _____
(Name of parent/legal guardian, if student is a minor)

Signature _____
(Signature of parent/legal guardian, if student is a minor)

Student ID Number _____

Date _____