



APPLICATION FOR PHARMACY TECHNICIAN

Mission Statement: To provide a diverse educational experience where all students will become respected, productive, and valued members of our community.

Sandusky Career Center 2130A Hayes Avenue Sandusky, OH 44870 419-984-1100

Please return application with payment of \$1,387.00

Please read carefully, answer all questions, and print clearly.

Social Security Number _____ Drivers License Number _____

Name _____
First Middle Last

Name during high school/Maiden Name _____ Nickname _____
(if applicable)

Mailing Address _____
City State Zip

Home Phone _____ Cell Phone _____
(if applicable)

Birth Date _____ Age _____ Race _____ Male Female

Email Address _____

Emergency Contact _____
Name Phone number

How did you hear about the Sandusky Career Center? _____

The Sandusky Career Center reserves the right to extend the start date or cancel a program due to insufficient enrollment, up to the day the program is to begin.

OFFICE USE ONLY

Processing Fee Paid: Date: _____ Receipt Number: _____

Cash Money Order Number: _____ Check Number: _____

Credit Card #: _____ Credit Card Type: _____ Expire Date: _____

Application received by: _____ (initials)

Notes: _____

The Sandusky Career Center hereby gives notice that it does not discriminate on the basis of race, color, national origin, religion, sex and disability in the educational programs and activities operated by the district. It is the policy of the Sandusky Career Center that educational programs and activities are provided without regard to race, color, national origin, religion, sex and disability. No student shall be denied admission to the Sandusky School District or to a particular course or instructional program or otherwise discriminated against for reasons of race, color, national origin, sex and disability or any other basis of unlawful discrimination.