



Please download and fill out this Adobe Acrobat form. Click "submit" when finished. You will be prompted to send via your email program. You may also print, fill out and then mail or fax this form.

Student's Legal Name: _____

Address: _____

City, State, Zipcode: _____

Home Phone: _____ Gender: _____ Date of Birth: _____

Email: _____ High School Diploma or TABE Test: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Select your course(s) below:

- Allied Health
 - Medical Assistant
 - Phlebotomy
 - EKG Technician
- Cosmetology
- Drafting
- Electricity/HVAC
- Truck Driving Academy
- Welding
- Other: _____

Personal Reference #1 : _____

Phone: _____

Personal Reference #2 : _____

Phone: _____

Signature: _____

Date: _____

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