



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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