

UNION COUNTY VOCATIONAL-TECHNICAL SCHOOLS

1776 RARITAN ROAD~SCOTCH PLAINS~NEW JERSEY~07076

(908) 889-8288 EXT. 307

TUITION APPLICATION

PLEASE PRINT

2026 -2027

Last Name First M.I. Maiden Name

/ / / /
Home Address Town County State Zip Code

/ / /
Home Number Cell D.O.B. S.S. #

Birth City: Birth State: Birth Country:

Male Female E-mail

In Case of Emergency Notify: Name and Relationship to Applicant Emergency Number

U.S. Citizen (circle one) Yes...No Eligible for veterans Benefits (circle one) Yes...No

RACIAL/ETHNIC BACKGROUND

Black or African White Hispanic American Indian/Alaskan Asian
Native Hawaiian/Pacific Islander

Will you be applying for Financial Aid? Yes No If the answer is Yes, When?

Will your enrollment be sponsored by an organization? Yes No

If Yes, please check one WDP TRA WIA DVR Counselor's Name
Organizations Phone #

*****You must have prior approval in writing*****

If you bounce a check, you will be charged a bank fee and we will not be able to accept another check from you.

Please Check Your Selection PROGRAMS

- ☐ AUTOMOTIVE TECHNOLOGY ☐ PLUMBING/H.V.A.C.
☐ ELECTRICAL TECHNOLOGY ☐ COSMETOLOGY
☐ CULINARY ANTICIPATED FOR SEPTEMBER 2024

***** If you are sponsored by an agency, YOU MUST file for financial aid*****

EDUCATIONAL BACKGROUND

High School Attended: _____ Grade Completed: _____

Graduated or GED Date: _____

Trade School/College Attended: _____ Grade Completed: _____

Graduation Date: _____

Is this your first time attending any adult training program? _____ Yes _____ No

If No, where did you attend? _____

FULL-TIME & PART-TIME WORK EXPERIENCE

Please begin with the most current employment

<u>Name of Company</u>	<u>Address</u>	<u>Type of Work</u>	<u>Date: From-To</u>

Do you have any handicaps that would prevent you from regular participation in the program that you have selected? Yes _____ No _____

I certify that I am currently a resident of _____ county.

I certify that all of the information provided by me is true to the best of my knowledge.

SIGNATURE

DATE

UNION COUNTY VOCATIONAL – TECHNICAL SCHOOLS
1776 RARITAN ROAD SCOTCH PLAINS, NJ 07076

MEDICAL HISTORY QUESTIONNAIRE

Name _____ **Date of Birth** _____ **SS#** _____

Address _____ **Phone** _____

No. Street City Zip

Program Applying for: _____

Have You Ever	Yes	No	If Yes Explain	Have You Ever	Yes	No	If Yes Explain
Been Operated on				Diabetes			
Been Advised to have An Operation				High Blood Pressure			
Been a Patient in a Sanitarium or Institution				Allergies, or Reactions To Drugs			
Been Seriously Injured				Asthma			
Been Refused Employment for Health Reasons				Heart Trouble			
Been Forced to Give Up a Job Because of Health Reasons				Epilepsy			
Been Refused a Driver's License for Health Reasons				Fainting Spells or Dizziness			
Injured your back or had Back trouble				Hay Fever			
Had a hernia or rupture				Severe Headaches			
Had Fits or Convulsions				Jaundice			
Had Bad Injury to the Head				Paralysis			
Had Nerve Trouble				Tuberculosis			
Taken Narcotics Which Were not Prescribed				Nervous Breakdown			
Kidney Difficulties				Rheumatic Fever			
Shortness of Breath				Skin Rashes or Eczema			
Venereal Disease							

You may be requested to provide the school with a urinalysis at your expense, from a certified laboratory from drug testing.

Last Tetanus Immunization (lock jaw). Date: _____

The above statements are true to the best of my knowledge. I understand that any misstatement of fact is grounds for release from school.

Signature of Applicant: _____ **Date:** _____

UNION COUNTY VOCATIONAL – TECHNICAL SCHOOLS
1776 RARITAN ROAD SCOTCH PLAINS, NJ 07076

Post-Secondary Health Form

1. Do you have any physical limitations the school should be aware of? YES NO

If yes, please explain _____

2. Are you under the care of a physician? YES NO

If yes, please explain nature of illness and date of occurrence. _____

3. Are you taking any medication, especially one that might affect your performances in school? YES NO

If yes, please explain medication and reason. If you are to take medication during school hours, physician's request is required _____

4. Do you have a hearing disorder? YES NO

If yes, is it corrected, and how is it corrected (i.e. Surgery, hearing aids etc.?) _____

5. Do you have a vision disorder? YES NO

If yes, farsighted?, color-blind?, other? _____

If yes, is it corrected with glasses and/or contacts? Indicate which _____

6. Have you had any back injuries, illness or operations that might limit your activities in school? YES NO

If yes, please list and give dates of each: _____

Name of Physician: _____

Address: _____ Phone #: () _____

UNION COUNTY VOCATIONAL-TECHNICAL SCHOOLS
 1776 Raritan Road, Scotch Plains, New Jersey 07076 (908)889-8288 X307
School Year 2026-2027 POST-SECONDARY AGREEMENT



Program Code

Last Name	First Name	M.I.	Maiden Name	
Home Address	City	State	Zip	County
Home Telephone	Date of Birth	S.S.#	GED/HS	Date Received
_____ FULL-TIME _____ AGENCY FUNDED _____ IN-COUNTY _____ OUT-OF-COUNTY				

ALL APPLICATION PACKETS MUST BE ACCOMPANIED BY A \$10.00 APPLICATION FEE AND DEPOSIT.
 ATTACH CHECK OR MONEY ORDER IF SENDING BY MAIL. A \$20.00 FEE WILL BE CHARGED FOR BOUNCED CHECKS.

PAYMENT SCHEDULE

	Union County Resident	Out-of-County Residents
First Semester	Full-Time	Full-Time
Deposit Due with Application	\$ 250.00	\$ 375.00
Installment 1 Due August 1st	1,312.50	1,843.75
Installment 2 Due October 1st	1,312.50	1,843.75
Total Tuition First Semester	\$ 2,875.00	\$ 4,062.50
Second Semester	Full-Time	Full-Time
Installment 3 Due January 1st	\$ 1,312.50	\$ 1,843.75
Installment 4 Due March 1st	1,312.50	1,843.75
Total Tuition Second Semester	\$ 2,625.00	\$ 3,687.50
Total Tuition – One Year	\$ 5,500.00	\$ 7,750.00

*\$10.00 Application Fee
Applies to In County and
Out-of-County Residents*

TERMS

My signature certifies that all of the information provided by me is true to the best of my knowledge. I understand that the \$10.00 application fee and the \$250.00 deposit **are not refundable**. I agree to pay the tuition installments on or before the scheduled due date. It is my understanding that I have the option to pay in full or by the installments listed above. Other arrangements must be made with the Adult Education Business Office. It is further understood that a student may be terminated prior to completion for insufficient progress, unsatisfactory attendance, nonpayment of tuition or failure to comply with board policy and administrative rules and regulations. The school agrees to provide all students with instruction in the program for which he/she enrolls and which has been approved by the State of New Jersey, Department of Education. All graduates are entitled to receive placement assistance. However, it is understood that neither graduation nor placement are guaranteed. **I understand that I must apply for financial aid and it does not relieve me of my financial obligations to the school.** Out-of-County residents may be eligible for a charge-back from their county of residence. Obtaining the charge-back is the responsibility of the out-of-county student. **The Refund Policy** states that if a post-secondary student withdraws before or within 5 days of the start of the semester, a 100% refund of the installment will be issued. If a post-secondary student withdraws from school between 6 and 20 days of the start of the semester, a 50% refund of the installment will be issued. A post-secondary student who withdraws after 21 days or more **WILL NOT receive a refund**. Refunds of installment payments will be mailed to the student's home address within 30 days of the board of education meeting that occurs after notification of non-acceptance or the official date of withdrawal.

**Bring or mail this tuition agreement to: Union County Vocational-Technical Schools, Adult Education Business Office
 1776 Raritan Road, Scotch Plains, New Jersey 07076**

 Student Signature

 If Under 18, Parent/Guardian Signature

 Date