

# Vocational Skills Program

## Directions for registering for courses

### Students and Parents

#### First time students:

Fill out the following forms:

Admissions Form A:	one-time fee of \$20
Registration Form B:	mark the course(s) and complete payment method
Student Information Form C:	please complete
Emergency Information Form D:	attach any specific emergency medical procedure

#### Returning students (or students who have already applied for admissions)

Fill out the following forms:

Registration Form B:	mark the course(s) and complete payment method
Student Information Form C:	please complete ONLY if you need to update
Emergency Information Form D:	please complete ONLY if you need to update

#### Payment: New Policy

##### **Payment is due at the time of registration.**

Please indicate the method of payment on the Registration Form B:

Check: include a check for all tuition and fees; make sure the check is signed and dated

Credit Card: fill out the credit card information and sign.

##### **To insure privacy, all credit card information will be destroyed after processing and acceptance by credit card company**

If there is Agency Sponsored Billing: indicate who will be paying for the tuition and fees, the registration packet should be sent by agency with a completed and signed Form E.

**Registration will be delayed if payment information is not complete.**

#### Confirmation:

You will be mailed a confirmation by the VOCSK program. By receiving this confirmation, the permit to register has been authorized and you do not have to do anything further.

For further information, call: Sally Field Mullan, Coordinator (630) 942-2941  
Michael Duggan, Counselor (630) 942-2845

**All forms MUST be sent to:** Sally Field Mullan, Coordinator  
Vocational Skills Program  
Business and Technology Division  
425 Fawell Blvd.  
Glen Ellyn, IL 60137-6599

# Vocational Skills Program

## Directions for registering for courses

Transition Counselors and Private Adult Agencies

### Fill out the following forms:

Admissions Form A:	one-time fee of \$20 <b><u>Required only for first-time student to C.O.D.</u></b>
Registration Form B:	mark the course(s) and complete payment method
Student Information Form C:	please complete
Emergency Information Form D:	attach any specific emergency medical procedure
Agency Sponsored Billing Form E:	complete and sign

### Payment: New Policy

**Payment is due at the time of registration only for private pay.**

**Agency Sponsored Billing: complete Form E and upon processing, you will receive an invoice; payment is due upon receipt..**

Please indicate the method of payment on the Registration Form B:

Check: include a check for all tuition and fees; make sure the check is signed and dated

Credit Card: fill out the credit card information and sign

**To insure privacy, all credit card information will be destroyed after processing and acceptance by credit card company.**

If there is **Agency Sponsored Billing**: indicate who will be paying for the tuition and fees, the registration packet should be sent by agency with a completed and signed Form E.

**Registration will be delayed if payment information is not complete.**

**Confirmation:** The agency and the student will be mailed a confirmation by the VOCSK program. By receiving this confirmation, the permit to register has been authorized and you do not have to do anything further.

For further information, call: Sally Field Mullan, Coordinator (630) 942-2941  
Michael Duggan, Counselor (630) 942-2845

**All forms MUST be sent to:** Sally Field Mullan, Coordinator  
Vocational Skills Program  
Business and Technology Division  
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Office of Admissions • 425 Fawell Blvd. • Glen Ellyn, IL 60137-6599 • (630) 942-2380, FAX (630) 790-2686 • www.cod.edu

Social Security Number    -   -

(Please be ACCURATE.)

**Please print.**

Name \_\_\_\_\_  
LAST FIRST (LEGAL) MIDDLE

If you have transcripts or other student records under another name, please provide the other name. \_\_\_\_\_

Address \_\_\_\_\_  
NUMBER STREET APT. NO.  
 \_\_\_\_\_  
CITY STATE COUNTY ZIP CODE

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

I will have lived at the above address for at least 30 days prior to beginning of term.  Yes  No

Male  Female  Birth Date \_\_\_\_\_ Age \_\_\_\_\_

**Ethnic Origin**

- 1. Asian or Pacific Islander
- 2. American Indian/Alaskan Native
- 3. Black, Non-Hispanic
- 4. Hispanic
- 5. White, Non-Hispanic

**Citizen / Visa Status:**

- U.S. Citizen
- Work Visa
- F-1 Student Visa
- Other \_\_\_\_\_
- Permanent U.S. Resident
- Tourist/visitors Visa

**Admission Term:**

- Fall Term, 20\_\_\_\_
- Winter Term, 20\_\_\_\_
- Spring Term, 20\_\_\_\_
- Summer Term, 20\_\_\_\_

If not born in U.S., what is your country of origin? \_\_\_\_\_

**MAJOR/FIELD of Study Code Number:**

**Activities in which you want to participate:** \_\_\_\_\_

High school currently attending or last high school attended \_\_\_\_\_ State \_\_\_\_\_ Month/Year of graduation (Leave blank if you did not or do not plan to graduate.)

**Highest Education Level Completed at Start of Classes at College of DuPage**

- (N) Less than High School Diploma
- (H) High School Diploma
- (G) GED
- (S) Some College Credit
- (C) College Certificate
- (A) Associate's Degree
- (B) Bachelor's Degree
- (M) Master's Degree
- (P) Professional Degree
- (D) Doctoral Degree
- (O) Other \_\_\_\_\_

Number of credits \_\_\_\_\_

College/university attended immediately prior to C.O.D. \_\_\_\_\_

**Mail Completed Form to:**  
**Sally Field Mullan**  
**Vocational Skills Program Coordinator**  
**College of DuPage**  
**425 Fawell Blvd.**  
**Glen Ellyn, IL 60137**

**Primary Reason for attending C.O.D.**

- 1. Transfer to a baccalaureate-granting school
- 2. Improve job skills
- 3. Employment after C.O.D.
- 4. ABE/GED/ESL
- 5. Personal interest
- 6. Other \_\_\_\_\_

I certify that my permanent, legal address is at the address (street, city and state) I have written above on this application. I further certify that all the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
STUDENT'S SIGNATURE STUDENT'S SOCIAL SECURITY NUMBER DATE

# Vocational Skills Program

Date: \_\_\_\_\_

## Fall 2009 PERMIT TO REGISTER

Student Name \_\_\_\_\_ Social Security or ID # \_\_\_\_\_

Classes will be canceled for low enrollment on Monday, Sept. 21. All classes start week of Sept. 28 and end Nov. 19.

Please check the course(s) to register:

Course Number and Name	Location	Days	Time	Tuition/Fees
<input type="checkbox"/> VOCSK 0611 – 600 EMPLOYMENT SKILLS I	Addison	M/W	Noon to 1:50 p.m.	\$262
<input type="checkbox"/> VOCSK 0612 – 001 EMPLOYMENT SKILLS II	M Building	T/R	Noon to 1:50 p.m.	\$262
<input type="checkbox"/> VOCSK 0620 – 001 KEYBOARDING SKILLS	Seaton Comp Ctr.	T/R	9 to 10:50 a.m.	\$262
<input type="checkbox"/> VOCSK 0620 – 600 KEYBOARDING SKILLS	Addison	M/W	9 to 10:50 a.m.	\$262
<input type="checkbox"/> VOCSK 0621 – 001 COMPUTER SKILLS I	Seaton Comp Ctr.	M/W	Noon to 1:50 p.m.	\$262
<input type="checkbox"/> VOCSK 0622 – 001 COMPUTER SKILLS II	Seaton Comp Ctr.	T/R	Noon to 1:50 p.m.	\$262
<input type="checkbox"/> VOCSK 0625 – 001 GENERAL OFFICE SKILLS	M Building	M/W	9 to 10:50 am	\$262
<input type="checkbox"/> VOCSK 0625 – 002 GENERAL OFFICE SKILLS	M Building	T/R	9 to 10:50 a.m.	\$262
<input type="checkbox"/> VOCSK 0641 – 551 FOOD SERVICE SKILLS	Glenbard South H.S.	T/R	3:10 to 5 p.m.	\$262
<input type="checkbox"/> VOCSK 0651 – 401 HOTEL HOUSEKEEPING SKILLS	Doubletree/Downer	M/W	Noon to 1:50 p.m.	\$262
<input type="checkbox"/> VOCSK 0661 – 001 HORTICULTURE SKILLS	Technology Build.	T/R	9:30 to 11:20 a.m.	\$262
<input type="checkbox"/> Total				

Registrations will NOT be processed until payment is received. You will be sent a letter confirming your registration.

**Please mail all completed forms to:**  
 Sally Field Mullan  
 Vocational Skills Program Coordinator  
 Business and Technology Division  
 College of DuPage  
 425 Fawell Blvd., Glen Ellyn, IL 60137

**Permission granted by:**  
 Sally Field Mullan, Coordinator \_\_\_\_\_  
 Michael Duggan, Counselor \_\_\_\_\_

Payment method: \_\_\_\_\_ C.O.D. use only: \_\_\_\_\_

A. Check: Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_

B. Circle Credit Card: Card No: \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 VISA MM / YYYY  
 MasterCard Name on Card: \_\_\_\_\_  
 Discover  
 AmerEx Signature: \_\_\_\_\_

C. Attach: Agency Sponsored Billing Agreement Form E: \_\_\_\_\_  
 (former Third Party Billing Form E) Name of School, Institution or Agency paying tuition

## College of DuPage - Vocational Skills Program Student Information & Learning Summary

Student: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

In School  School District \_\_\_\_\_

Post 21  Adult Program \_\_\_\_\_

**Disability/Diagnosis:**

Mental Impairment \_\_\_\_\_

Physically Disabled \_\_\_\_\_

Hearing \_\_\_\_\_

Vision \_\_\_\_\_

Learning Disabled \_\_\_\_\_

**Academic Level:**

Math \_\_\_\_\_

Reading \_\_\_\_\_

**Preferred Learning:**

Visual \_\_\_\_\_

Demonstration \_\_\_\_\_

Auditory \_\_\_\_\_

Hands On \_\_\_\_\_

Repetition \_\_\_\_\_

	Appropriate	Inconsistent*	Inappropriate*
Behavior	_____	_____	_____
Accepts Correction	_____	_____	_____
Asks for help	_____	_____	_____
Works Independently	_____	_____	_____
*Comments	_____		

**Additional Information:** \_\_\_\_\_

\_\_\_\_\_

**Accommodations/Adaptations:** \_\_\_\_\_

\_\_\_\_\_

**Health Issues (medications taken):** \_\_\_\_\_

\_\_\_\_\_

**Other Specific Information that will help instructors:** \_\_\_\_\_

\_\_\_\_\_

**Form filled out by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

# College of DuPage Vocational Skills Program

## EMERGENCY INFORMATION

\_\_\_\_\_  
Students Name

\_\_\_\_\_  
Course(s) Title(s)

A. Method of Transportation to Class \_\_\_\_\_

Transportation Company \_\_\_\_\_

Phone Number \_\_\_\_\_

B. Sending Program or School Name \_\_\_\_\_

Contact Name \_\_\_\_\_

School District Number and Phone \_\_\_\_\_

C. Medical Emergency Priority: Call ext. 2000, COD Public Safety or 911 first

Name

Phone Number

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

D. Transportation Emergency Priority:

Name

Phone Number

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

E. Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Additional Number \_\_\_\_\_

# College of DuPage

425 Fawell Blvd., Glen Ellyn, IL 60137

## AGENCY SPONSORED BILLING AGREEMENT for Vocational Skills Courses

PLEASE READ AND COMPLETE THE FORM BEFORE SIGNING THIS AGREEMENT.

This Agreement form must be submitted to the Vocational Skills Coordinator with the Vocational Skills Program Registration Form for processing.

Vocational Skills Coordinator – Sally Field Mullan – Phone: 630\942-2941 - Fax: 630\942-3923  
Registration Office – Sue Wicks - Phone: 630\942-2687 - Fax: 630\790-3785

*Registration will not accept forms without Agency approval*

Employee/Student Name: \_\_\_\_\_

Student Social Security Number: \_\_\_\_\_

**For any reason an agency declines payment, the student will be responsible to reimburse College of DuPage.** It is the student's responsibility to follow up with their employer to ensure payment has been made.

Agency Name: \_\_\_\_\_

Agency Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Agency Contact Person: \_\_\_\_\_

Agency Phone: \_\_\_\_\_

Agency Authorized Signature & Title: \_\_\_\_\_ Date: \_\_\_\_\_

*Employer, please check the appropriate lines.*

\_\_\_\_\_ Agency **Will** Pay In-District Tuition Rates Only      \_\_\_\_\_ Yes, Agency **Will** Pay Out-of-District Tuition Rates

\_\_\_\_\_ Yes, Agency **Will** Pay Fees

**OR**

\_\_\_\_\_ No, Agency **Will** Not Pay Fees

**Indicate Semester Enrollment:**

Fall

Spring

Summer

*Payment is due within 7 days upon receipt of College of DuPage Invoice.*

Please indicate course names and course numbers:

_____	_____
_____	_____
_____	_____
_____	_____

*College of DuPage does not provide grades or attendance to the agency. It is the responsibility of the student to provide this information to the agency.*

**(For College of DuPage Use Only)**

College of DuPage Sponsored Agency ID # \_\_\_\_\_

**Billing questions: call Laura Wallace - Accounts Receivable Dept. Phone: (630) 942-2634 FAX: (630) 858-9078**