



345 High Street, 5th Floor
Hamilton, OH 45011

PHONE: 513-785-7530
FAX: 513-785-7398

STUDENT INTAKE FORM

Date: _____

Personal Information

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone#: _____

Email Address: _____

Emergency Contact Information

1) Name: _____ Relationship: _____

Phone: _____ Alternate: _____

2) Name: _____ Relationship: _____

Phone: _____ Alternate: _____

Education

School Name	City/State	Dates From/To	Graduate?	Degree Type
High School:				
Post-Secondary:				
Grad/Tech/Other:				

Certifications (check all that apply)

OSHA 10

Aerial Lift

Fall Protection

Hazard Communication/GHS

Forklift

Other (please list): _____

Training is conducted weekly over the course of five days, Monday through Friday with a maximum capacity of 25 students. Please list dates you will be available to attend. _____

Signature: _____ Date: _____