



STUDENT DISCLOSURES AND STATEMENT OF UNDERSTANDING

Stu	dent Name:					
(Last)		(First)	(First)		(Middle Name)	
Pre	vious Name(s) or Alias:					
Student SSN (Last 5): Student DOB		Student DOB:	School Number:			
Sch	ool Name:					
Ple	ase answer the following question	s by checking either "Yes" or "No	o:"			
1.		f a felony offense in any jurisdiction ? (If so, you may not attend any p	portion of a Peace Officer	YES	NO	
2.	Are you a fugitive from justice?		_	YES	NO	
3.	Have you ever been convicted of	f a felony offense of violence as de	efined in ORC 2901.01? _	YES	NO	
4.		a delinquent child for the commis we been a felony offense of violer		YES	NO	
5.	Have you ever been convicted of	f any felony offense involving a di	rug of abuse?	YES	NO	
6.		a delinquent child for the commis we been a felony offense involvin		YES	NO	
7.	Are you drug dependent, in dang	er of drug dependence, or a chron	ic alcoholic?	YES	NO	
8.	Are you under adjudication from	any court for mental incompeten	ce?	YES	NO	
9.	Have you been adjudicated by a	court as a mental defective?	_	YES	NO	
10.	Have you been committed by a c	court to a mental institution?	_	YES	NO	
11.		to be a mentally ill person subject involuntary patient other than one		YES	NO	
12.	Have you ever been convicted of	f a crime that had a possible senter	nce of more than one year?	YES _	NO	
13.	Are you an alien, illegally or unl	awfully in the United States?	_	YES	NO	
14.	Have you been discharged from	the Armed Forces under dishonor	able conditions?	YES	NO	
15.	Have you renounced your United	d States citizenship?	-	YES	NO	
16.	intimate partner or the child of s	restrains you from harassing, stall uch intimate partner, or engaging in reasonable fear of bodily injury	in other conduct that	YES	NO	

17a. Have you been convicted of a misdemeanor crime of domestic violence?	YES	NO
17b. Have you been convicted of a misdemeanor crime that has, as an element of that crime, the use or attempted use of physical force, or the threatened use of a deadly weapon? If yes, please explain your relationship with the victim (stranger, present or former spouse, household member, child, other family member, other – please describe).	YES	NO
18. Do you currently have criminal charges pending in any jurisdiction?	YES	NO
19. Do you currently possess a valid driver's license and have driving privileges in the state of Ohio?	YES	NO
20a. Have you been awarded and do you possess a high school diploma?	YES	NO
20b. If you answered no to 20a, have you been awarded and do you possess a certificate of high school equivalency? (Explain.)	YES	NO

BY INITIALING BESIDE EACH STATEMENT, I ACKNOWLEDGE AND UNDERSTAND THE FOLLOWING:

If I provide false information on this form, I may be discharged from this school, and may be charged with a crime.

If a criminal or delinquency charge is filed against me while I am a student of this school, I MUST report it to the Commander immediately

If I am charged with any offense that may result in a felony conviction or in a state or federal weapons disability, I may be suspended from this school until the case is complete, and at that time, my ability to be reinstated to the school would be re-examined.

If I am convicted of a felony offense or one that results in a state or federal weapons disability, I may be ineligible to attend the school.

I hereby grant OPOTC consent to disclose to the Commander information regarding any and all of my criminal or delinquency history information that might impact my ability to participate as a student in an OPOTCapproved school.

I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.

Signature

Printed Name (First, Middle, & Last Name)

Date

Witness Signature

Witness Printed Name (First, Middle, & Last Name)

Date