



APPLICATION FOR ENROLLMENT

Name: _____

Permanent Address:

Street: _____ County: _____

City: _____ State: _____ Zip: _____

Local Address (if different):

Street: _____ County: _____

City: _____ State: _____ Zip: _____

So. Sec. No.: _____ - _____ - _____ Home phone No.:(____) _____ - _____

Cell phone No.:(____) _____ - _____ E-mail: _____

Date of Birth: ____/____/____ Driver's License #: _____

Educational Background: GED HS Diploma received in _____ (year) from:

High School Name _____ City, State _____

Have you ever attended a post-secondary institution? Yes No

Marital Status: Single ___ Married ___ Divorced ___ Separated ___

If married or separated: Spouse's Name: _____

Number of Children: _____ List ages, if applicable: _____

Present Employment: _____ Spouse's Employment _____

Employer's Address: _____ Employer's Phone: _____

Ethnicity: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian or Pacific Islander		<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Nonresident Alien <input type="checkbox"/> Two or more races <input type="checkbox"/> White <input type="checkbox"/> Unknown		Disabling Condition: <input type="checkbox"/> Not Disabled <input type="checkbox"/> Visually Disabled <input type="checkbox"/> Hearing Disabled <input type="checkbox"/> Def-blind <input type="checkbox"/> Orthopedically Disabled <input type="checkbox"/> Speech Disabled		<input type="checkbox"/> Emotional/Psych Disabled <input type="checkbox"/> Learning Disabled <input type="checkbox"/> Seizure Disorders <input type="checkbox"/> Multi-disabled <input type="checkbox"/> Other Disabled <input type="checkbox"/> Unavailable	
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REFERENCES

Please list two references below, preferably close family relatives other than spouse or parents.

THIS SECTION MUST BE COMPLETED IN FULL

Name: _____ Telephone No.:(____) _____ - _____

Street: _____

City: _____ State: _____ Zip: _____

Name: _____ Telephone No.:(____) _____ - _____

Street: _____

City: _____ State: _____ Zip: _____

I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application will be rejected. In consideration of my enrollment, I agree to conform to the school's rules and regulations.

Signature _____ Date: _____