

Application for Enrollment

Program Name: _____

STUDENT INFORMATION – Please Print Clearly

First Name	Last Name	Middle Name / Initial	
Address	City	State	Zip
Date of Birth	Social Security Number	Drivers License Number	
Home Phone	Cell Phone	Email Address	

STUDENT BACKGROUND

EDUCATION – Students must document completing High School, G.E.D. or equivalent to be eligible to enroll.

School Name	City and State	Education	Graduation	Month & Year
			Yes No	
			Yes No	

MEDICAL – Students may be required to provide proof of vaccination or tuberculosis screen as required.

- 1) Do you have a condition that would prevent you from program participation? YES NO
- 2) Do you have a learning disability that may impact your participation? YES NO

- If yes, what accommodations are needed for program participation? _____

STUDENT CERTIFICATION

I certify that the above information is true and accurate. By signing below, I further certify that:

- 1) I have graduated High School, completed my G.E.D., or received an equivalent level of education.
- 2) I am at least 18 years of age or have parent/guardian permission to participate in the program.
- 3) I have no felony convictions that would prevent me from working in the program's profession.
- 4) Upon acceptance into the program, I can provide verification for the above information if requested.
- 5) I understand that the deposit for this program is non-refundable.

Student Name

Signature

Date