

STUDENT APPLICATION

STUDENT FIRST NAME _____ STUDENT LAST NAME _____

DATE OF BIRTH _____ SSN _____

STUDENT ID _____ CLASS _____ START DATE _____

ADDRESS _____ ADDRESS 2 _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

EMERGENCY CONTACTS

CONTACT 1 NAME _____ RELATIONSHIP _____

PHONE 1 _____ PHONE 2 _____

ADDRESS _____

CONTACT 2 NAME _____ RELATIONSHIP _____

PHONE 1 _____ PHONE 2 _____

ADDRESS _____

PLEASE PROVIDE DETAILS FOR ANY MEDICAL OR PERSONAL INFO YOU WOULD WISH TO BE SHARED WITH AN EMERGENCY CARE PROVIDER.

ALLERGIES _____

ALLERGIES TO MEDICATIONS _____

MEDICATIONS CURRENTLY TAKEN _____

OTHER _____

MEDICAL CONTACT INFO:

DOCTOR NAME _____ PHONE _____

DENTIST NAME _____ PHONE _____

PREFERRED HOSPITAL _____ PHONE _____

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO IF NO, ARE YOU AUTHORIZED TO WORK IN THE US? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES, EXPLAIN: _____

EDUCATION

HIGH SCHOOL: _____ ADDRESS: _____

FROM: _____ TO: _____ DID YOU GRADUATE? YES NO DIPLOMA: _____

COLLEGE: _____ ADDRESS: _____

FROM: _____ TO: _____ DID YOU GRADUATE? YES NO DEGREE: _____

OTHER: _____ ADDRESS: _____

FROM: _____ TO: _____ DID YOU GRADUATE? YES NO DEGREE: _____

MILITARY SERVICE

BRANCH: _____ FROM: _____ TO: _____

RANK AT DISCHARGE: _____ TYPE OF DISCHARGE: _____

IF OTHER THAN HONORABLE, EXPLAIN: _____

DISCLAIMER AND SIGNATURE

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: _____

