



APPLICATION FOR ENROLLMENT

(GREEN)

PLEASE TYPE OR PRINT

Date: _____

Applicant's Legal Name: _____
Last First Middle Maiden

Address: _____
Number/Street City State Zip Code

Telephone: _____ Emergency Telephone: _____ Race (Optional): _____ Sex: _____ Age: _____

Date of Birth: _____ Birthplace: _____ Social Security No.: _____

Circle one: Single Married Separated Divorced Widowed

Number of Dependent Children: _____ List their Ages: _____

Employer: _____

Address: _____

Have you applied to this program previously? Yes No Have you attended this program previously? Yes No

Are you presently enrolled in school? Yes No If yes, School: _____ Mo./Yr.: _____

Name used in high school: _____
Last First Middle

List all high schools you have attended and the dates attended:
School City/State Month/Year/Grade

- 1. _____
- 2. _____
- 3. _____

Have you attended trade/vocational/college classes? Yes No If yes, what school: _____
If yes, please submit a transcript from the school.

Time Selection:

Choose your first and second schedule choices. Place a 1 by your first choice and a 2 by your second choice.

____ 9:00 -12:00 a.m. ____ 1:00 p.m.-4:00 p.m. ____ Distance Learning

Applicant's Agreement

I hereby agree to attend classes as prescribed in my Independent Learning Plan in pursuing a high school diploma or GED.

Signature of Applicant

Date

Applicants who are under the age of 21 should complete Section A.

