APPLICATION FOR ADMISSION

PERSONAL INFORMATION (Please Print all Information)

_egal Name:	amily Name)		Firet	(Given Name)		Middle Name		
			FIISL	(Given Name)		Middle Name		
Mailing Address:_ N	umber and Street Apt. #			City	State	Country	ZIP Code	
	'			·		•	Zii Oode	
lome Telephone:	Area Code and Numbe	r	Alter	nate Contact No. (Cel	I/Pager)	Area Code a	nd Number	
ocial Security Nu	imber (US/Permanent Reside	nt Only) _			Date of	DII II I		
:-Mail Address:								
The following info	orting Purposes: rmation does not affect ed by the U.S. Departm	ent of E	ducatio	n in accordance with	applicable	federal regula	•	
Country of Birth _								
Country of Citizenship* Country					y of Residence			
If not a U.S. citize	S. citizen, state your imen, include a copy of your population fee of \$25.0	ur VISA	or pern	nanent residency stat				
Gender: □ Male	Racial/Ethnic Bac ☐ American Cauc	•		erican Black/African	Descent [Marital Statu □ Single □		
☐ Female	☐ American Hisp	American Hispanic			☐ Married ☐ Widowed			
	☐ American India	n	☐ Nat	ive American		☐ Divorced		
	☐ West Indian/Ca	aribbear	n □ Oth	er:				
ist all high scho	pols attended in chror							
Name of S		Location (City, State, ZIP)			Dates Attended			
Name of School		Location (Oity, State, Zir)				Dates Attended		
Did you graduate	from High School?	∕es 🗆 N	No Doy	ou have a GED? 🔲	Yes □ No	State of Issue	e	
Are You A Vetera	n of the US Armed Ford	ces? 🗆 `	Yes □	No Date Of Dischar	ge			
nstitution		Dates At From	tended To	Major	Degree E	arned Numb	er of Credits	
				mujo:	20gico E		J. O. O. Guita	

APPLICATION FOR ADI	VIIOSION		PAGE	
Did you leave the last sch	nool you attended in good standing?	? YesNo		
	ended or expelled from any school,			
How did you learn abou	ut the School:Newspaper _	Yellow Pages Friend	Other:	
WORK EXPERIENC	E		Dates of Employment	
Employer		Position		
			From To	
I plan to utilize the fol	llowing resources to cover my	educational costs (check all	that apply):	
☐ Self-Payment ☐	Financial Aid	enefits	ursement	
☐ Employer direct pay	ment (percentage or amount pa	aid by employer)		
☐ Other (please speci	ify)			
	ns: (Optional) name and telephone number of 1)			
600 HOUR CAREER	RPROGRAMS			
ELECTRICAL IN	NSTALLATIONCOMPRI	EHENSIVE DI LIMBING	BUILDING MAINTENANC	
	TOTALLATIONCOMPRI	LITERSIVE FLOMBING	_DOILDING MAINTENANC	
SCHEDULE ☐ Day Session:	9:00 AM TO 1:00 PM Monday	to Friday, 4 instructional hours	per dav	
☐ Evening Session:	•	y to Friday, 4 instructional hours	•	
☐ Afternoon Session		to Friday, 4 instructional hours	•	
— / tterricon Gession	•	to Thursday, 5 instructional hou	·	
☐ Weekend Session:	8:00 AM TO 6:00 PM Saturday	• '	•	
PLACEMENT WAIVER	₹:			
	eive career placement assistanc	•		
☐ I wish to receive ca	reer placement assistance after	I complete the course		
STATEMENT OF U	NDERSTANDING			
I understand that this app is true to the best of my k admission or dismissal. F	lication cannot be processed if it hat mowledge. Accordingly, any deliber further, I authorize Berk Trade Schoos in news releases, and marketing research.	erate falsification or omission of dat ool to use my information regarding	ta may result in denial of	
Signature of Applicant		 Date	····	