



ADMISSION APPLICATION

5007 Winchester Road Ste 2

(\$25.00 nonrefundable application fee)

Memphis, TN. 38115

901-572-1452

Date Application Received: _____

Application fee paid: YES / NO _____ Amount: _____

Scholarship Awarded: _____

Deposit: _____ Date: _____

Student Name: _____ Date of Birth ___/___/___

Program of Study:

Traditional Classroom Course

Certified Nurse Aide (CNA)

Day: _____ Evening: _____

Anticipated Session Start Date: _____ Anticipated Session End Date: _____

Student Information

Address: _____

City/State/Zip: _____

Telephone: Primary: _____

Alternate Telephone #: _____

Email Address: _____

One of the following is Mandatory for your student file:

Please select: High School Diploma: ___ GED (Official Certificate with score): ___

Have you ever been diagnosed with a learning disability or while in school have you ever been assigned an IEP or 504 plans: YES or NO

*This does not determine acceptance but allows us to provide as much help to every student possible.