

# APPLICATION FOR ADMISSION



Date of Application

Course Applying for

Planned start date

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## Personal Information

Full Name		Date of Birth
Address		
Phone		
SSN	Gender	
Email		

## Educational Background

Type of School	University / Institute/School Name	Level Completed	Graduation Date	Area of Study
High School				
College				
Vocational or Other				

## Employment History

Company	Position	Dates	City / State

## Skills & Training

Skill & Training Achievement(s)	Level	Year	Institute

## References

Name.	Address.	Phone.	Years Known

## Emergency Contact

Name
Address
Phone number
Relation

## Other Info

Have you been treated for any medical condition other than colds or minor injuries in the last five years? YES/NO If yes please explain:
Do you have any learning disabilities or an IEP that would require any assistance for learning? If yes please explain:
Have you ever been convicted of a felony or misdemeanor other than a traffic offense? YES / NO If yes please explain:
Are you currently on probation from the law? YES / NO I understand that WSI is not responsible for the boards decision upon licensure: Initial:

## Application Agreement

By signing this form, I also state that to the best of my knowledge I am free of communicable diseases, in good health, and physically able to practice in this field. I also affirm that I have read the schools catalog. I understand and will comply with the policies stated there in.

Please state any problem or issue with the above statement:

Signature:

Date: