



Empowerment Training Institute School Registration

Fill out this form for class registration

The Empowerment Training Institute

Additional documents for registration Bring or email this registration form and the following documentation to the school office. • Current Proofs of Residence

Student Information

Name

First Name Last Name

M.I.

Birth Date



Month Day Year

Gender

Ethnicity

Email Address

example@example.com

Entry Year You Start With Us

Highest Grade You Have Completed

Have you previously applied to or attended this school?

Yes

No

If yes, what year?

Current Residence Information

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Home Phone Number

Area Code

Phone Number

Cell Phone Number

Area Code

Phone Number

Please list below, your desired programs and classes you wish to take with The Empowerment Training Institute and your desired outcomes training with us.

Please Tell Us About Yourself & What You Hope To Achieve

Emergency Contact Information

Name

First Name

Last Name

Phone Number

Area Code

Phone Number

Please list any of the following: Current medications, Medication allergies, Food allergies, Chronic health concerns.

Previous School 1

School Name

City

State

Date Started



Month Day Year

Date Ended



Month Day Year

Previous School 2

School Name

City

State

Date Started



Month Day Year

Date Ended



Month Day Year

Notes

Please inform the office of any other vital information you think they may need to know in the event of an emergency. Thank you.

