

Print Name (title if applicable)

## "Driving Dreams Into Reality!"

GALLUP (MAIN CAMPUS) 193 N US-491 GALLUP, NM 87301 ALBUQUERQUE (TRAINING LOT) 10205 CENTRAL AVE NW ALBUQUERQUE, NM 87121 MAILING ADDRESS PO BOX 55 GALLUP, NM 87305 CONTACT US
PH: (505) 721-9071
WEB: DREAMONETRUCKINGSCHOOLS.COM

## STUDENT PRE-ENROLLMENT FORM

Name:	ENTER CLASS DATE YOU WISH TO START:
Date of Birth:	
Address:	Choose your Course(s)
City: State:	Class A
Zip Code: County:	Class B
Telephone: □ daytime □ evening □ cell	Driver Refresher/Endorsement/Other
Email Address:	Which Campus are you applying to:
Do you need financial assistance/Tuition Payment Plan?	☐ yes ☐ no
What is your funding source or agency?	
Caseworker's Name (If Applicable):	
Name	Contact # or Email address
I hereby apply for enrollment at DOTS in the Commercial has provided me with a digital or printed copy of the cut terms of the Student Enrollment Agreement and any Fina guarantee employment nor guarantee any transfer conditions set forth by any signed agreements made between	rrent School Catalog and explained the programs and ancial Options or Agreements Accepted. DOTS does not of credits. I hereby agree to the terms, policies, or
I have read and understand the above information.	
Applicant signature	Date

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