

# NEW STUDENT ENROLLMENT INTEREST

## ELECTROLOGY

108 North Tower  
Centralia WA 98531

Legal Name: \_\_\_\_\_ DOB \_\_\_\_\_

Preferred Name. \_\_\_\_\_ PRONOUNS \_\_\_\_\_

Address : \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

How did you hear about us?

Which Program Are You Interested In?

\_\_\_\_\_

\_\_\_\_\_

Previous Schooling

Emergency Contact : \_\_\_\_\_

Emergency Contact Number : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In a paragraph at most, tell us what attracts you to a career in Electrology.

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\_\_\_\_\_

I acknowledge that all the information provided is to the best of my knowledge and that it is important to keep this information up to date for all items pertaining to my education time with Zap Master Electrology

I also acknowledge that I accept full responsibility for my attendance.

Signature: \_\_\_\_\_

Printed Name \_\_\_\_\_ Date: \_\_\_\_\_