



**Miami Technical Institute  
Registration Form**

**Student Information**

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Immigration Status**

US Citizen \_\_\_\_\_ Resident \_\_\_\_\_

**Work Information**

Work Status Full Time \_\_ Part Time \_\_ Not Employed \_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Phone \_\_\_\_\_

Contact Person \_\_\_\_\_

**School Information**

Most recent High School \_\_ College \_\_ University \_\_ Other \_\_

School name \_\_\_\_\_

Telephone No \_\_\_\_\_

**Personal References**

Name \_\_\_\_\_

Telephone No \_\_\_\_\_

**Additional Information (Surgical Technologist Students Only)**

CPR card Yes \_\_ Expiration date \_\_\_\_\_

No \_\_

**(Miami Technical Institute Office Use Only)**

Program Sterile Processing & Distribution \_\_\_\_\_ Surgical Technologist \_\_\_\_\_

Registration Date \_\_\_\_\_ Graduation Date \_\_\_\_\_

Student ID Number \_\_\_\_\_