

Healing Spirit Healthcare LLC

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REGISTRATION FORM

NAME OF COURSE: _____ APPLICATION DATE: ___/___/___

NAME: _____
Last First Middle

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER _____

STREET/PO BOX#: _____

CITY OR TOWN: _____

STATE: _____ ZIP CODE: _____ EMAIL: _____

TELEPHONE #: HOME: _____ WORK: _____

CITIZENSHIP U.S. ___ YES ___ NO ___ IF "NO" WHAT COUNTRY: _____

MAINE RESIDENT: ___ YES ___ NO IF "NO" WHAT STATE: _____

SCHOOL RECORD INFORMATION: ___ GRADUATED ___ WILL GRADUATE ___ GED

NAME OF SCHOOL: _____ DATE OF GRADUATION/GED: ___/___/___

SCHOOL MAILING ADDRESS: _____
Street/PO Box City or Town State Zip Code

DRIVERS LICENSE #: _____

WILL YOUR TUITION BE SPONSORED BY AN AGENCY OR PROVIDER? ___ YES ___ NO

IF "YES" WHAT IS THE NAME OF THE AGENCY OR PROVIDER: _____

I hereby apply for enrollment in the above name course. If I am accepted, I agree to comply with the rules and regulations. I understand that the information on this form is CONFIDENTIAL and will only be used to determine my eligibility for the program I have selected. I also understand that any misrepresentation of information on this application and in any subsequent interviews with the Instructor may constitute adequate reason for disqualification of my application and enrollment as a student in the above named course.

Signature of Applicant

Date

No application will be considered without the following:

1. Proof of Diploma or GED, if required to attend class (discuss with instructor)
 2. \$30.00 Application Fee (This is a non-refundable registration processing fee)
 3. Other specialized course requirements, such as class pre-requisites and age minimums, where applicable.
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For Office Use Only:

Application Fee Received: Date: ___/___/___

Payment Source: _____

Method of Payment: _____