



ENROLLMENT APPLICATION

- To determine whether you can gain from our course of study, we ask that you answer the questions on this form. Please answer all questions as fully as you can. All information will be held in strict confidence and will be used to determine your aptitude for a career in allied health. Upon graduation, information on this form may assist with placement.
- Admissions requirements/criteria are listed in the School Catalog.
- Great Lakes does not discriminate against any person because of race, color, religion, sex, disabilities, age, national origin, or ancestry regarding admission to programs or placement activities.

Please print clearly and complete all sections of this form.

Last Name	First Name	Middle Initial or Name	Maiden Name
Address		City, State	Zip Code
Home Phone Number	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone Number	Social Security #
E-mail Address		Driver's License Number & State	
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnic Background <i>(For statistical purposes only)</i> <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American	
Have you ever been convicted of or have pleaded guilty to any crime? <input type="checkbox"/> No <input type="checkbox"/> Yes - if yes please explain			
Condition of Health -- Special Health Requirements -- Any Physical Problems			
Known Allergies		Are you a US Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
In case of an emergency, notify: Name:		Relationship:	Phone Number:

Program of Interest:

GREAT LAKES MEDICAL CAREERS:
5100 Peach Street Campus

<input type="checkbox"/> Dental Assistant & Dental Business Administrator	<input type="checkbox"/> Day <input type="checkbox"/> Eve.
<input type="checkbox"/> Diagnostic Medical Sonographer	
<input type="checkbox"/> Medical Assistant with Computer Operator	<input type="checkbox"/> Day <input type="checkbox"/> Eve.
<input type="checkbox"/> Medical Secretary with Computer Operator	<input type="checkbox"/> Day <input type="checkbox"/> Eve.
<input type="checkbox"/> Pharmacy Technician	
<input type="checkbox"/> Surgical Technologist	
<input type="checkbox"/> Veterinary Assistant	

TONI&GUY & MASSAGE THERAPY CAREERS:
930 Peach Street Campus

<input type="checkbox"/> Cosmetology Operator
<input type="checkbox"/> Cosmetology Teacher
<input type="checkbox"/> Manicurist
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
<input type="checkbox"/> Day <input type="checkbox"/> Evening
<input type="checkbox"/> Massage Therapy <input type="checkbox"/> Day <input type="checkbox"/> Eve.

When would you like to begin your training? _____

Education Information:

<input type="checkbox"/> High School Diploma	Year Graduated: _____	High School: _____	City/State: _____
<input type="checkbox"/> GED	Year Completed: _____	State in which exam was taken: _____	

Beginning immediately after High School, list all other training you have started and/or completed, including college/trade/business schools.

- School _____ City/State _____
 Program of Study _____ Graduated? Yes No Year attend/graduated _____
 Type of degree/diploma earned _____
- School _____ City/State _____
 Program of Study _____ Graduated? Yes No Year attend/graduated _____
 Type of degree/diploma earned _____

Employment History - Please list job experience, starting with the most recent job first.

Employer Name & Address	Position Held	Length
		From: To:
		From: To:
		From: To:

References

Name	Address	City, State, Zip	Phone number	Relationship

As part of the admission requirements there is a \$25.00 Application Fee due when you apply. The Application Fee is refundable if requested in writing within 60 days of the submitted Application for Admission if the applicant decides not to attend, or is not accepted. There will also be a \$100.00 Registration Deposit due a minimum of 30 days before you start school, which will be applied to your total school costs. This is fully refundable if you are unable to start school.

Applicants must complete a High School Transcript and/or a GED Transcript release form. An exam will be given to determine the student's reading grade level; consult the Catalog for minimum program reading levels.

Class sizes are limited to a maximum number of students per program and will be closed to enrollment when that number is reached. Enrollment is granted on a first-come first-serve basis only to registered applicants who have completed all admission requirements. Applicants who have not become enrolled in a class that has been closed have the option to register for a future class.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for rejection of this application or dismissal, if enrolled.

Signature of applicant

Date



FOR OFFICE USE ONLY:

Interviewed by _____ Date of Application _____ Tour? Y / N
 Program _____ Day _____ Eve. Start date _____
 Uniform size: Bottom _____ Top _____ Lab Coat _____ End date _____
 FA Interview Date _____ Time _____
 Comments:

OFFICE USE ONLY

Application Fee

Date _____ \$ _____
 ___Cash ___Check ___MO
 ___MC ___Visa ___Disc

Registration Pmt.

Date _____ \$ _____
 ___Cash ___Check ___MO
 ___MC ___Visa ___Disc

Transcript/GED. Pmt.

Date _____ \$ _____
 ___Cash ___Check ___MO
 ___MC ___Visa ___Disc

