

# NEW FRONTIER VOCATIONAL-TECHNICAL CENTER ENROLLMENT APPLICATION

*Print neatly in black or blue ink*

Last Name	First Name	Middle Name	Social Security Number
Mailing Address			
Daytime Phone Number	Evening Phone Number	E-mail Address	
Date of Birth	Drivers License State _____ # _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status/Dependents <input type="checkbox"/> Married <input type="checkbox"/> Not Married # of Dependents _____ Age(s) _____
Do you need accommodations to help complete your program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Program/Course(s) of Study		Funding Source	
Modified Open Entry Dates of Attendance (office use only) From: ____/____/____ To: ____/____/____ mo      day      yr                  mo      day      yr			Cost of Program  (office use only)

## References

<b>REFERENCE 1</b>	Name	
	Address	
	City, State, Zip Code	
	Telephone	
	Relationship to Applicant	
<b>REFERENCE 2</b>	Name	
	Address	
	City, State, Zip Code	
	Telephone	
	Relationship to Applicant	

*The following items will be used for grant purposes. No information you provide will be used in a discriminatory manner.*

Place of birth _____ <span style="margin-left: 100px;"><i>City</i></span> <span style="margin-left: 100px;"><i>State/Province</i></span> <span style="margin-left: 100px;"><i>Country</i></span>	<p><b>If you wish to be identified with a particular ethnic group, please check all that apply:</b></p> <p><input type="checkbox"/> African American, African, Black</p> <p><input type="checkbox"/> Native American, Alaska Native Tribal affiliation _____</p> <p><input type="checkbox"/> Asian American Country(s) of family's origin _____</p> <p><input type="checkbox"/> Asian, incl. Indian Subcontinent Country(s) of family's origin _____</p> <p><input type="checkbox"/> Hispanic, Latino Country(s) of family's origin _____</p> <p><input type="checkbox"/> Mexican American, Chicano</p> <p><input type="checkbox"/> Puerto Rican</p> <p><input type="checkbox"/> Native Hawaiian, Pacific Islander</p> <p><input type="checkbox"/> White or Caucasian</p> <p><input type="checkbox"/> Other (specify) _____</p>
First language, if other than English	
Primary language spoken at home	
US Armed Services veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	
DD214 number (if discharged) _____	
Have you ever been convicted of a: Felony <input type="checkbox"/> Yes <input type="checkbox"/> No      Misdemeanor <input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_