

MERKAZ BNOS

APPLICATION FOR ADMISSIONS

APPLICANT INFORMATION

Last Name			First			M.I.		
Street Address								
City			State			Zip Code		
County								
Social Security Number					Date of Birth – Month/Day/Year			
(Area Code) Home Phone Number					(Area Code) Business Phone Number			
Driver's License Number						State		

EDUCATION

School Attended	City/State	From(Mo/Yr)	To(Mo/Yr)	Graduated Yes/No

PROGRAMS OF STUDY

Business Management/Assistant	___	with ESL	___	
Software Specialist	___	with ESL	___	with Comprehensive ESL ___
Business Management/Technology	___	with ESL	___	
Medical Office Specialist	___	with ESL	___	with Comprehensive ESL ___
Computer Systems Programmer	___	with ESL	___	
Paralegal	___			
Computer Programmer:				
Database Administrator	___	with ESL	___	with Comprehensive ESL ___
Computer Specialist with AutoCAD	___	with ESL	___	

REGISTRATION

Semester: Fall ___ Spring ___ Summer ___

Status: Full-time ___ Part-time ___

Attending: Day ___ Evening ___

SURVEY

Please indicate how you became interested in Merkaz Bnos:

School Visit ___	Guidance Counselor ___	Business teacher ___
Former Student ___	Television ___	Radio ___
News paper ___	Mailer ___	Agency Referral ___
	Other _____	

PERSONAL

In the event of emergency, please provide the following information:

Closest Relative Name _____

Relationship _____

Address _____

City, State, Zip Code _____

Home Phone Number _____

Work Phone Number _____

Employer _____

Address _____

Telephone _____

