

ENROLLMENT APPLICATION Email completed application to: info@sjelectricaltraining.com

PERSONAL INFORMATION:

FIRST NAME	INITIAL	LEGAL LAST NAME		DATE OF BIRTH
STREET ADDRESS				
CITY	STATE ZIP C	CODE CELL	PHONE #	
COURSE OF ENROLLEMENT	ELECTRICAL D	AY COURSE	ELECTRICA	L NIGHT COURSE
-	CONTINUED E	EDUCATION NIGHT CL	ASS	
E-Mail address:				
DEMOGRAPHIC INFORMATION	l:			
SEX: MALE FEMA	LE	ETHNICITY:		
US CITIZEN: YES NO	IF NO, NATION OF E	BIRTH:	NATIO	ON OF CITIZENSHIP
PRIOR EDUCATION INFORMAT	ION:			
HIGH SCHOOL	LOCATION	YEAR GADUA	TED	
COLLAGE/ TRADE SCHOOL	LOCATION	YEAR GRADU	 ATED	DEGREE
STUDENT SIGNATURE	DATE			