

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 | | | |