

**NAC TRAINING PROGRAM
PRIVATE VOCATIONAL SCHOOL**
Licensed through WAST Workforce Training & Education Board (Program approval #51613)
REGISTRATION FORM

School Location & Mailing Address 401 W. Maple #69 in McCleary
(7th St Side of Beehive Retirement Community – Upstairs)
Contact Person: Annette: 360-495-3619 FX: 360-495-3618

Applicant Name: _____ PH: _____

Social Security Number _____ - _____ - _____ Emergency Contact _____

Mailing Address: _____ Emergency PH # _____

City/State/Zip: _____

Date of Birth: _____ E-Mail Address _____
(MM/DD/YYYY)

Race (Check One)

- _____ White/Caucasian
- _____ Hispanic
- _____ Black/African American
- _____ American Indian or Alaska Native
- _____ Asian
- _____ Hawaiian Native or other Pacific Islander
- _____ Multi-Racial
- _____ Other

Disability: _____ Yes _____ No If yes, please describe: _____

Highest Grade Completed: (If you are not a high school graduate and don't have your GED, contact Annette regarding Ability to Benefit Test)

- _____ Less than High School Graduation
- _____ High School Graduate Graduation Date _____
- _____ GED Date GED Attained _____
- _____ Some Post H.S., no degree or certificate
- _____ Certificate (2years)
- _____ Associate Degree (Year _____)
- _____ Bachelor Degree or above (Year _____)

Registration Fee (\$100.00) Paid _____
(Authorized Person's Signature)

Name & Address of Last School Attended: _____

Student Name Printed _____ Date _____

Student Signature: _____