

Application for School Admission

For Office Use Only	<input type="checkbox"/> \$30	<input type="checkbox"/> FW
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Please print or type

Legal Name _____
Last
First
Middle

Other names that you have used and when they were last used: _____

Date of Birth _____
Month
Day
Year
Age

Home Address _____

Mailing Address _____ Apt _____

City _____ State _____ ZIP _____

Country _____

Email _____

Home Phone _____ Cell Secondary Phone _____ Work phone (optional) _____

Check which number you prefer to be called

Social Security Number _____ - _____ - _____ or Palmetto Medical Institute ID# _____

Gender Male Female

Birthplace _____
State
City
Country

Country of citizenship _____

Please indicate which group you are. We obey to the policy of making decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, disability, familial status, marital status, pregnancy, or veteran status. Your opportunity only depends on your qualification.

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black or African American
- Hispanic
- White/Caucasian
- Other _____

EDUCATION

High School _____
Name
(City, State and Country)

Did You Graduate? Yes No, if yes Year Completed _____

College Or University _____
Name
(City, State and Country)

Did You Graduate? Yes No, if yes Year Completed:

From: _____ To _____

Degree _____

OCCUPATIONAL BACKGROUND

List recent position held _____
Name of the employer Address
From _____ To _____

Shift Supervisor _____

Occupation/title _____

Have you served in the United States military? Yes No

GENERAL INFORMATION

Program applying for:

Home Health Aide, Nursing Assistant

Full-time _____ Weekends _____

Have you attended Palmetto Medical Institute? Yes No Dates of Attendance _____

How did you hear about this program at Palmetto Medical Institute? _____

Alumni _____, Friend, google, others
Name

I attest and certify that the information given is accurate, I knowlege that my application will not be reviewed until all credentials have been received by the admission office, and I understand that if accepted I will have to comply with Palmetto Medical Institute regulations and pay all the required fees as well.

Applicant's name (please print)

Applicant's Signature

Date

If Student is less than 18 years old as of the date written above, Parent or Legal Guardian's Printed Name and Signature:

Parent's or Legal Guardian's Signature

Date

Please bring in your application and fee or mail your application with the \$30 nonrefundable processing fee, or with the fee waiver certificate to the admissions office: Palmetto Medical Institute 9245 SW 157th Street, Suite 209, Miami, FL 33157