

HELPING HANDS TRADE SCHOOL



PO BOX 93 WATERVILLE ME 04903-0093
(207) 872-9075 FAX (207) 877-0620

571 SABATTUS ST LEWISTON ME 04240
(207) 777-5294 FAX (207)777-3782

STATE WIDE 1-800-777-8976

REGISTRATION FORM

NAME OF COURSE: _____ LOCATION: _____

APPLICATION DATE: ____ / ____ / ____ DATE COURSE STARTS: ____ / ____ / ____ COST:\$ _____

1. MAILING ADDRESS: NAME: _____
LAST FIRST MIDDLE INITIAL

STREET / PO BOX# : _____

CITY OR TOWN: _____

STATE: _____ ZIP CODE: _____

E-Mail Address: _____

2. CITIZENSHIP: U.S. __ YES __ NO IF "NO" WHAT COUNTRY: _____

3. MAINE RESIDENT: _____ YES _____ NO IF "NO" WHAT STATE: _____

4. TELEPHONE#: HOME: _____ CELL: _____

5. NAME OF SCHOOL ATTENDED: _____

CITY: _____ STATE: _____ ZIP: _____

6. SCHOOL RECORD: ____ GRADUATED ____ WILL GRADUATE ____ GED
DATE OF GRADUATION/GED: ____ / ____ / ____

7. SOCIAL SECURITY NUMBER : (For CNA-M only): _____

8. DO YOU WISH TO DISCUSS A PAYMENT PLAN? YES __ NO __

9. WILL YOU TUITION BE SPONSORED BY AN AGENCY OR PROVIDER? YES __ NO __

10. IF "YES", WHAT IS THE NAME OF AGENCY OR PROVIDER: _____

VISA, MASTERCARD, DISCOVER & AMERICAN EXPRESS ACCEPTED FOR PAYMENT

11. I hereby apply for enrollment at Helping Hands Trade School. If I am accepted, I agree to comply with the rules and regulations of the School and concede to the School the right to require my withdrawal upon violation thereof. I understand that misrepresentation of information on this application and in any subsequent interviews with School personnel, any constitute adequate reason for disqualification of applicant or enrolled student. I understand that the information on this form is CONFIDENTIAL and will only be used for official School business.

Signature of Applicant

_____/_____/_____
Date

No application will be considered without the following:

A. \$100.00 Non-refundable Registration Fee for Phlebotomy, Pharmacy Technician, Dental Assisting and Medication Aide

*\$40.00 Non-refundable Registration Fee for all other programs.

B. Proof of Diploma or GED, if required to attend class

C. Other specialized course requirements, such as class pre-requisites and age minimums

*\$40.00 Registration Fee is not required for single day classes or seminars

Office Use Only:

Application Fee Received: Date: ____/____/____

<u>Payment Source:</u>		<u>Method of Payment</u>	
ASP	_____	TDC	_____
			Cash _____
			Check _____ # _____
CC	_____	VA	_____
			MO _____
			Visa _____
SP	_____	OT	_____
			MC _____