## **ENROLLMENT APPLICATION**

B & M Career Institute 9550 Forest Ln Suite 515 Dallas, TX 75243 (214) 859-4936

## PROGRAM: COMPUTER REPAIR TECHNICIAN

## PLEASE PRINT LEGIBLY

| COURSE LENGTH: 21 WEEKS                                                                                                  |                      |         |                            |                  | START DATE |                 |         |                 |  |
|--------------------------------------------------------------------------------------------------------------------------|----------------------|---------|----------------------------|------------------|------------|-----------------|---------|-----------------|--|
| PERSONAL INFORMATION                                                                                                     |                      |         |                            |                  |            |                 |         |                 |  |
| LAST NAME:                                                                                                               |                      |         | FIRST NAME:                |                  |            | MIDDLE NAME:    |         |                 |  |
| BIRTH DATE:                                                                                                              | SOCIAL SECURITY No.: |         | AGE:                       | AGE:             |            | DER:            | DL No.: |                 |  |
| MAILING ADDRESS                                                                                                          |                      |         |                            |                  |            |                 |         |                 |  |
| STREET (number and name) :                                                                                               |                      |         |                            |                  |            |                 |         |                 |  |
| APARTMENT NO.                                                                                                            | P.O BOX              | P.O BOX |                            |                  |            |                 |         |                 |  |
| CITY:                                                                                                                    | STATE:               | STATE:  |                            |                  |            | ZIP CODE:       |         |                 |  |
| DAY TIME PHONE NUMBER: ALTERNATIVE PHONE NUMI                                                                            |                      |         |                            |                  |            |                 |         |                 |  |
| EMAIL ADDRESS:                                                                                                           |                      |         |                            |                  |            |                 |         |                 |  |
| High School Diploma GED EDUCATION LEVEL                                                                                  |                      |         |                            |                  |            |                 |         |                 |  |
| Name of High School:                                                                                                     |                      |         |                            | Graduation Year: |            |                 |         |                 |  |
| IN CASE OF EMERGENCY                                                                                                     |                      |         |                            |                  |            |                 |         |                 |  |
| Name of relative (not living at same address):                                                                           |                      |         | Relationship to Applicant: |                  | nt: H      | Home phone no.: |         | Work phone no.: |  |
| ADMINISTRATIVE                                                                                                           |                      |         |                            |                  |            |                 |         |                 |  |
| How you first heard about us? :                                                                                          |                      |         |                            |                  |            |                 |         |                 |  |
| NOTES                                                                                                                    |                      |         |                            |                  |            |                 |         |                 |  |
|                                                                                                                          |                      |         |                            |                  |            |                 |         |                 |  |
| Student signature                                                                                                        |                      |         |                            |                  | Date       |                 |         |                 |  |
| NOTICE  NB: NATCEP requires that the student cannot be listed as unemployable on the employees misconduct Registry [EMR] |                      |         |                            |                  |            |                 |         |                 |  |
| and cannot have been convicted of a criminal offense as listed in Texas Health safety Code 250.006.                      |                      |         |                            |                  |            |                 |         |                 |  |