

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

PROGRAM: HEALTH INFORMATION TECHNOLOGY

PLEASE PRINT LEGIBLY

COURSE LENGTH: 9 WEEKS	START DATE
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PERSONAL INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE NAME:		
BIRTH DATE:	SOCIAL SECURITY No.:	AGE:	GENDER:	DL No.:

MAILING ADDRESS

STREET (number and name) :

APARTMENT NO.	P.O BOX	
CITY:	STATE:	ZIP CODE:
DAY TIME PHONE NUMBER:	ALTERNATIVE PHONE NUMBER:	

EMAIL ADDRESS: _____

High School Diploma **GED**

EDUCATION LEVEL

Name of High School:	Graduation Year:
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IN CASE OF EMERGENCY

Name of relative (not living at same address):	Relationship to Applicant:	Home phone no.:	Work phone no.:
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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.