



# A-PLUS NURSES ASSISTANT TRAINING SCHOOL

6951 MARTIN LUTHER KING Jr. WAY S.SUITE # 201.SEATTLE, WA 98118

Web: [www.nacschool.com](http://www.nacschool.com) Phone: 206-723-5100 Cell: 206-898-1335 Fax: 206-725-9660 E-Mail [aplusnacschool@aol.com](mailto:aplusnacschool@aol.com)

## REGISTRATION FORM

Start Date: ----- End Date: -----

Day Time: ----- Eve Time: -----

Applicant's Name -----  
Last Name First Name MI

Address-----

City State Zip

Date of Birth (MM/DD/YYYY):-----

E-mail: -----

Phone Number: ( ) -----

Gender: Male----- Female-----

Race (Check one)

- Hispanic: -----Yes-----No
- White/Caucasian
- Black/African American
- American Indian or Alaska Native
- Asian
- Hawaiian Native or other Pacific Islander
- Multi-racial
- Other

Disability: -----Yes-----No

Highest Grade Completed

- Less than high school graduation
- High school Graduate      Graduation Date-----
- GED      Date GED Attained-----
- Some post High School, no degree or Certificate-----Certificate (<2years)
- Associate Degree (year :-----) -----Bachelor Degree or above (year-----)

Name and Address of last school attended-----

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Name and Address of Current Employer-----

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In Case of Emergency (contact)

Name-----

Address-----

Phone #-----Relationship-----

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Applicant's Signature

Date Signed

**FYI:**

**YOU WILL NEED TO COME TO THE SCHOOL IN PERSON TO COMPLETE YOUR APPLICATION OR MAIL THE FOLLOWING TO THE SCHOOL TO RESERVE YOUR SEAT BEFORE THE CLASS BEGINS:**

1. Registration fees
2. Copy of Picture ID
3. Copy of one unofficial college transcript or certificate or diploma