



# ST. BERNADINE

## SCHOOL OF ALLIED HEALTH

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[www.stbernardineschoolofallied.com](http://www.stbernardineschoolofallied.com)

### OFFICIAL STUDENT ENROLLMENT APPLICATION

MODIFIED: 2/20/2026

**PROGRAM APPLIED FOR: Certified Nurse Assistant (CNA)**

#### PERSONAL INFORMATION

First Name

**John**

Last Name

**Doe**

Middle Name

**N/A**

Date of Application

**2023-10-27**

#### CONTACT DETAILS

Street Address

**123 Main St**

City / Municipality

**Jersey City**

State / Province

**NJ**

Country

**USA**

Postal/Zip Code

**07306**

Primary Phone

**1234567890**

Email Address

**john@example.com**

#### FAMILY & EMERGENCY CONTACT

Mother's Maiden Name

**Jane Doe**

Father's Name

**Jim Doe**

Emergency Contact Person

**Jill Doe**

Emergency Contact Phone

**0987654321**

#### EDUCATIONAL & PROFESSIONAL BACKGROUND

Highest Education Level / Profession

**Student**

School Attended

**High School**

Course / Major  
**General**

Year Graduated  
**2020**

## EMPLOYMENT HISTORY

Company 1  
**McDonalds**

Dates Employed  
**2021-2022**

Company 2  
**Starbucks**

Dates Employed  
**2022-2023**

Referred By  
**Google**

## APPLICANT DECLARATION

I hereby certify that all information provided in this application is true and correct to the best of my knowledge and belief. I understand that any false statements or omissions may disqualify me from enrollment or result in dismissal from St. Bernadine School of Allied Health.

2/20/2026

**John Doe**  
Applicant E-Signature

Date Signed