

Adult Student Application for Enrollment

Nursing Applicants STOP, Apply Through Adult & Continuing Education

STUDENT INFORMATION	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First Name	Last Name	Middle Initial	Today's Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female
	Home Phone	Cell Phone	Email Address	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Home Address	City	Zip Code	
	County <input type="text"/>	School District of Residence <input type="text"/>		
	<input type="text"/>		<input type="text"/>	
	Emergency Contact & relationship (e.g. parent, sibling)		Emergency Contact's Phone Number	

PROGRAM INFORMATION	<input type="text"/>	Session Choice	<input type="text"/>
	Course Applying For	<input type="radio"/> AM <input type="radio"/> PM <input type="radio"/> Full Day	Start Date
	Center Location <input type="radio"/> F. Donald Myers Education Center Saratoga Springs, New York <input type="radio"/> Southern Adirondack Education Center Hudson Falls, New York		
	Sponsoring Agency (if Applicable) <input type="radio"/> ACCES-VR <input type="radio"/> One Stop Center <input type="radio"/> Veterans Affairs <input type="radio"/> Self-Pay Other <input type="text"/>		

Are you currently employed?	<input type="text"/>	Do you have a High School diploma?	<input type="text"/>
<input type="radio"/> Yes <input type="radio"/> No	Current Employer	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> GED <input type="radio"/> TASC	Date Received
<input type="text"/>		<input type="text"/>	
College(s) Attended		Credits/Degree(s) Earned	
Have you ever been convicted of a crime? If yes, please explain. <input type="text"/>			
A previous criminal conviction will not automatically disqualify you from acceptance, however, a criminal background check may be required for entry into certain programs.			
How did you hear about us? <input type="radio"/> Job Fair <input type="radio"/> Friend <input type="radio"/> Poster/Flier <input type="radio"/> TV Ad <input type="radio"/> Newspaper <input type="radio"/> Website <input type="radio"/> Took Previous Course			

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that omission and misstatements in this application may be grounds for rejection or dismissal. If electronically sent, this is signed when payment contract is completed.	
Signature <input type="text"/>	Date <input type="text"/>

Please return Via Email or Fax to expected Site:	
F. Donald Myers Education Center, Attn: Guidance 15 Henning Rd., Saratoga Springs, NY 12866 FAX: (518) 581-3676	Southern Adirondack Education Center, Attn: Guidance 1051 Dix Avenue, Hudson Falls, NY 12839 FAX: (518) 746-3409

Office Use Only Received _____	WSWHEBOCES Meeting Scheduled _____	Start Date _____
-----------------------------------	------------------------------------	------------------

The Washington-Saratoga-Warren-Hamilton-Essex BOCES (WSWHE BOCES) hereby advises students, parents, employees and the general public that it offers educational and employment opportunities without regard to sex, color, national origin, creed or religion, marital status, age, gender preference or disability or any other classifications protected by federal, state or local law. Students shall not be excluded from participation in, be denied the benefits of, or otherwise be subject to unlawful discrimination under any program or activity. Inquiries regarding this nondiscrimination policy may be directed to: Human Resource Director Donna Wisenburn, 1153 Burgoyne Avenue, Suite 2, Fort Edward, NY 12828, 518-746-3350.