



### Student Application Form

Please complete this form in full; this information is necessary for your enrollment in all programs.

### Personal Information

Legal name: (Last)	(First)	(Middle)	(Former)
Mailing Address: (Street)	(City)	(State)	(Postal/Zip code)
Date of Birth	Gender	Social Security Number	
Phone: (Home)	(Cell)	Email	
Ethnicity* Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race		
Emergency Contact: (Name)	(Phone Number)	(Relationship)	

### Citizenship

Citizenship: (Check one)

- US Citizen
- Permanent Resident
- Refugee/ Asylee
- Non-US Citizen

### Education

Highest level of education completed: Official high school/college transcripts/scores from the GED test must be submitted to the Admissions Office.

High School	Graduation Date
GED	Graduation Date
Are you currently enrolled in another educational institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is your major?

### Employment Information

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, place of employment & hours:
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Innovation Institute of Healthcare Solutions

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Any additional information that we need to know during your enrollment? \_\_\_\_\_

I, \_\_\_\_\_, certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusal of admission as a student, or for dismissal should I be enrolled.

Signature: (Full name)

Date

For Office Use Only

Program enrollment

Program enrollment: 24 hr. Medication NA 1 NA 1- Hybrid Refresher Phlebotomy Tech Hybrid

Start and end dates: \_\_\_\_\_

Uniform Size: XS S M L XL 1XL 2XL 3XL 4XL

Registration fee paid (date & amount): \_\_\_\_\_

Date Completed application received on: \_\_\_\_\_

Date Tuition fees paid in full: \_\_\_\_\_

Date Tuition 1/1 deposited received: \_\_\_\_\_

Intended Payment form (CC, MO-payable to Innovation Institute of Healthcare Solutions) No personal checks will not be accepted Invoices paid with credit card are subject to a 2.9% processing fee.

Staff signature (Full name): \_\_\_\_\_ Date: \_\_\_\_\_