



Enrollment Application

J&J Healthcare Institute, Inc.
1410 North Pine Hills Rd.
Orlando, Florida 32808

Ph: (407-839-3363 Fax: (407) 839-3364

Personal Data <i>(Please Print Clearly)</i>		<i>(Phone Number)</i> () _____	
Legal Name:			
<i>(Last)</i> _____		<i>(First)</i> _____ <i>(MI)</i> _____	
Permanent Address:			
<i>(Street)</i> _____		<i>(County)</i> _____	
<i>(City)</i> _____		<i>(State)</i> _____ <i>(Zip)</i> _____	
Social Security Number:	Age:	Gender: circle one	High School Diploma
# _____	# _____	Male Female	Yes No
			Workforce Student?
			Yes No
Program of Interest: <input type="checkbox"/> Practical Nurse <input type="checkbox"/> Medical Assistant <input type="checkbox"/> Phlebotomy <input type="checkbox"/> Patient Care Tech <input type="checkbox"/> Pharmacy Tech <input type="checkbox"/> Other: _____			
How did you hear about us? (check one)			
__ Work Force __ Church __ Promo Max __ High School __ Alternative Education __ Business __ Organization __ Goodwill Work Center			
__ Periodicals __ Other: Please explain: _____			

Race/Ethnicity

Colleges and universities are asked by many, including federal and state governments and national surveys, to describe the racial and ethnic backgrounds of our students and employees.

You should answer both of the following questions:

1. Are you of Hispanic or Latino origin? * Yes * No
2. What is your race? Select one or more of the following categories:
 - White
 - Black or African American
 - Asian
 - American Indian or Alaska Native
 - Native Hawaiian or Other Pacific Islander

Residency Status *(check one)* _____ **In-County** _____ **Out-of-County** _____ **Out-of-State**
Citizenship *(check one)* _____ **USA** _____ **Resident** _____ **Other Explain:** _____

E-mail

E-Mail Address: _____

J&J Healthcare Institute uses e-mail addresses, as supplied by students, for official and confidential communications. It is the student's responsibility to confirm that the e-mail address is correct.

Certification

I certify that the statements made in this application are correct. I understand that failure to provide accurate information may result in the elimination of my application. I agree that the application fee of \$150.00 is non-refundable.

Student Signature: _____ **Date:** _____

Parent Signature: *(if student is under 18)* _____ **Date:** _____

Enrollment Year & Term

Year: _____

Term: ___ Summer (June–August) ___ Winter (4-week January Term) ___ Fall (September–December) ___ Spring (February–May)

For Office Use Only **Processed By:** _____ **Date:** _____ **Comment:** _____