

ELMA NAC TRAINING PROGRAM
Private Vocational School Registration Form

School Location: 301 Main St. Elma, WA 98541
Mailing Address: PO BX 1384 McCleary, WA 98557
Annette 360-495-3619 Donna 360-482- 8509

Applicant Name: _____ Date: _____

Social Security Number _____ - _____ - _____ Phone: _____

Mailing Address: _____ City/State/Zip: _____

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

Emergency Contact Name & Number _____

Race (Check One)

- White/Caucasian
- Hispanic
- Black/African American
- American Indian or Alaska Native
- Asian
- Hawaiian Native or other Pacific Islander
- Multi-Racial
- Other

Disability: Yes No

Highest Grade Completer:

- Less than High School Graduation
- High School Graduate Graduation Date _____
- GED Date GED Attained _____
- Some Post H.S., no degree or certificate
- Certificate (2years)
- Associate Degree (Year _____)
- Bachelor Degree or above (Year _____)

Registration Fee (\$100.00) Paid _____
(Authorized Person's Signature)

Name & Address of Last School Attended: _____

Applicant (Please Print): _____ Date _____

Signature: _____