

Application for Admission

288 Plymouth Avenue
Fall River, MA, 02721 USA
Phone: 508-536-5366
Fax: 508-762-1470
coastalcareer@comcast.net

Today's date: _____

ID#: _____

Office Use Only

APPLICANT INFORMATION

First name: _____ Middle Initial: _____ Last name: _____

Phone: (____) _____ Email: _____ Social Security Number: _____

Address: _____ City: _____ State: _____ Zip: _____

What is your career interest?

- Nursing Assistant Medical Administrative Assistant
 Medical Assistant Home Health Aide
 EKG/Phlebotomy Others, please specify _____

To which program are you applying?

- Day program
 Evening program

Are you a citizen of the United States? Yes No If no, are you authorized to stay in the U.S.? Yes No

Have you ever applied for admission? Yes No If so, when? _____

Have you ever been convicted of a felony? Yes No If yes, explain: _____

Have any of your friends or relatives attended Coastal Career Academy? Yes No If so, who? _____

How did you hear about Coastal Career Academy? Online Newspaper Friend / former student
 Job fair TV Other (please specify): _____

EDUCATION

Medical Assistant and Medical Office Assistant and Phlebotomy applicants. Please provide official documents, transcripts, and GED results.

Name of **high school** attended: _____ Dates of attendance: _____ to _____
Start date End date

Address: _____ City: _____ State: _____ Zip: _____

Did you graduate? Yes No If yes, when? _____

Name of **college** attended: _____ Dates of attendance: _____ to _____
Start date End date

Address: _____ City: _____ State: _____ Zip: _____

Did you graduate? Yes No If yes, what degree did you earn? _____

EMERGENCY CONTACT

In case of emergency, I authorize that the following person be contacted:

Full name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to admission, I understand that false or misleading information in my application or interview may result in my dismissal from the program. This application and all supporting documents become the property of Coastal Career Academy and will not be returned to you or sent to another institution. All candidates for admission to Coastal Career Academy are considered on individual merits, without discrimination on the basis of age, creed, national and ethnic origin, race, color, sex, gender/sexual orientation, marital status or disability.

Print full name: _____

Signature: _____ Date: _____