



APPLICATION FOR POST-SECONDARY ADMISSION

· ~ 9 —	·~ 9 —			OFFICE USE ONLY	
lease complete application and return to Northwest Technical School lease print in ink or type.			date	prog	
GENERAL INFORMATION			acc	walist	
PROGRAM APPLYING FOR:			test	dep	
SOCIAL SECURITY NUMBER					
LEGAL NAMELast First					
PERMANENT LEGAL ADDRESS (VERIFICATION MA			Previous	or Maiden	
Address	City	State	Zip	County	
PHONE NUMBER HOME ()	WC	DRK ()			
DATE OF BIRTH					
LAST HIGH SCHOOL ATTENDED					
DATE OF GRADUATION	or DATE O	F GED CERTIFICATION	I		
BACKGROUND		dian/Alaskan Native iian/Other Pacific Islander ability of the student.	□ Multi-racial		
Family Physician		dress			
Physician Phone #					
To be enrolled at Northw est Technical School, students must have a Company's Name		_			
Policy #					
		nanent addresses (other than pents, grandparents, aunts, und			
Name 1	2	3	3		
Phone					
Relationship					

NONDISCRIMINATION CLAUSE

All services provided by the Northwest Technical School are available without regard to race, sex, creed, national origin, color, or disability conditions. Concerns regarding discrimination should be addressed to the Directors' Office – 660.562.3022.