

Lex La-Ray Technical Center Application for Admission Practical Nursing Program



Each of the following questions must be answered or the application will be returned incomplete. Deadline: March 31, 2021 at 4:00 pm.

Personal Data

Name: _____
Last
First
Middle
Maiden

Home Address: _____
Street
City
State
Zip

Phone: _____ **S.S.#:** _____
Primary number

Email: _____

In case of emergency, Please notify:

Name:	Phone:
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Lex La-Ray Technical Center does not discriminate with regard to color, race, national origin, gender, religion, veteran's status, marital status, age or disability. Any person having inquires concerning compliance; contact the Director of Special Services, 2323A High School Drive, Lexington, MO 64067, Telephone: 660-259-4369.

Are you an eligible A+ student? _____ Yes _____ No

If yes, have you used you're A+ eligibility at another school? _____

Do you wish to apply for Financial Aid? _____ Yes _____ No

Have you ever been convicted of a felony? _____ Yes _____ No

If yes, why? _____

References

Give the name and mailing address of **two (2) persons to whom you have given reference forms to be forwarded to the school**. References must be professional references (employer, teachers, etc. who have known applicant for 1 year or more).

	Name	Telephone Number	Title Position
1.			
2.			

High School Last Attended	Address	State	Zip
Date of HS graduation	If no graduation, date of Withdrawal	Earned GED ___ Yes ___ No	Date

College/Vocational School	City & State	Credit	Degree/Certificate Earned	Years Attended
				To
				To

Employment Background: List three (3) most recent

Name and Location	Date	Type of Work	Reasons for Leaving
	to		
	to		
	to		

I HEREBY CERTIFY THAT to the best of my knowledge the preceding information is true. Upon admission to Lex La-Ray Technical Center, I agree to abide by all the rules and regulations of the Lex La-Ray Technical Center and understand that deliberate falsification and/or omission of information pertaining to this application may result in immediate dismissal and full loss of credits.

Applicant Signature:	Date:
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