

Falcon Institute of Health and Science
Registration Form for Practical Nurse Education Program
 Phone: 610- 253-2527 Fax: 610-438-0201 www.falconihs.com

I. Personal Information:

a. Name: _____ b. Date of Birth: _____

c. Telephone: _____ (Cell) _____ (Home)

d. Email ID: _____ e. Gender: Male Female

f. Emergency Contact: Name _____ Telephone _____

g. Current Address: _____

City: State: Zip Code: _____

h. Are you a citizen of US: Yes No If No, please submit a copy of green card at the time of registration.

i. Social Security Number: _____

j. Is your Social Security number issued after June 24, 2011 Yes No

If yes, please fill out Social Security Release and Verification form issued by Social Security Administration.

k. * Ethnic background: Caucasian African-American Latino Asian American Indian Alaskan Other

**Provision of this information is voluntary and will not affect consideration of your application. The response is used solely for compliance with civil rights laws.*

II. Education:

a. Do you have a high school diploma or GED? **Yes** _____ **No** _____

b. Name of high school: _____ City : _____ State _____

c. Did you attend an educational institution beyond high school? YES / NO

If yes, enter the name of the institution(s): _____

III. Employment History:

1.	Name and address	Position title	From: To:
2.	Name and address	Position title	From: To:
3.	Name and address	Position title	From: To:

IV. I do hereby authorize the disclosure to Falcon Institute of Health and Science any information that may be requested conserving my record of arrest/conviction.

Applicant Signature _____

Signature of School Representative _____ Date: _____

The registration fee is fully refundable if the student requests cancellation within 5 calendar days submitting the registration fee. The registration fee is nonrefundable after 5 calendar days.

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