Syracuse City

School District

SYRACUSE CITY SCHOOL DISTRICT

Syracuse City LPN Program

573 E.Genesee Street · Syracuse, NY 13202 Phone 315 · 435 · 4150 · Fax 315 · 435 · 5699 Sharon L. Contreras Superintendent of Schools

For Office Use Only:						
Pre-Admission Exam Date:						
RComp	_MComp					
Accepted: FT	PT					

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Last Name	First Name			MI	Maiden Name			
Street Address	Apt.	City		I		State	Zip	
Home Phone	Work Phone Cell Phone							
()	()				())		
Date of Birth	Age	Age Gender M F			Social Security #			
Emergency Contact	Address				1	Phone ()		
Are you a U. S. Citizen Yes No If no, you must submit a copy of immigration status.								
PLEASE CHECK YOUR RACIAL/ETHNIC BACKGROUND BELOW. Reporting diversity of the school population is mandatory for Title IV funding. If Hispanic/Latino, you must select one more category. This information will not be used to deny access or admission, and will be used for statistics collected by New York State.								
Black or African AmericanHispanic/LatinoNonresident AlienNat. Hawaiian/Pacific IslanderAmer. Indian/Alaska NativeWhite (Non-Hispanic)Two or more racesUnknownAsianRefused								
EDUCATION								
High School attended:								
Address:								
High School Diploma? Graduation Date: GED Date Issued:								
	PC	OST SEC	CONDARY					
Have you ever attended another school/college	or education	onal prog	ram?			Yes	N	
If yes, where? When?								
Reason for leaving:								
Have you ever had a student loan? Yes No If yes, when and where:								
Paid in full Currently p	aying on it	t		In deferme	nt		In default	
Have you ever volunteered or worked in a healt	th care sett	ing?				Yes	N	
If yes, please describe:								

Are you presently working? Yes No Are you a Certified Nurse Assistant? Yes No						
Are you presently working? Yes	No Are you a Certified Nurse Ass	sistant?YesNo				
Employment History (most recent first)						
Employer/Institution	Complete Address	Dates Employed				
	-					
The Syracuse City School District hereby advises students, parents, employees, and the general public that it offers employment and educational opportunities, including vocational education opportunities, without regard to age, gender, race, color, religion, marital status, sexual preference, national origin or disability. Questions regarding this Title IX and Section 504 Statement may be referred to the building principal or District Compliance Officer at: Syracuse City School District 725 Harrison Street Syracuse, NY 13210 (315) 435-4212						
I understand that this application will not be complete until I have submitted a copy of my High School Transcript or GED Diploma. (Transfer students must submit a transcript from previous nursing program.)						
I also understand that falsification of any information on the application will be reason to deny my admission or to terminate me from the practical Nursing Program.						
(Applicant's Signature)		(Date)				