



Application for ALL PREPARATORY Admissions

Rev. 5/21/18

Start Date: _____ **Test:** _____

PERSONAL INFORMATION

LAST NAME:	FIRST NAME:	M.I.
Home Address:		
PHONE Home: () -	Work: () -	Cell: () - Carrier
/ /	Date of Birth (MM/DD/YY)	
Email Address		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		

For Office Use Only						
Sessions: 1 - ___ 2 - ___ 3 - ___ 4 - ___ 5 - ___ 6 - ___						
7 - ___ 8 - ___ 9 - ___ 10 - ___ 11 - ___ 12 - ___ 13 - ___						
14 - ___ 15 - ___ 16 - ___ 17 - ___ 18 - ___ 19 - ___ 20 - ___						
21 - ___ 22 - ___ 23 - ___ 24 - ___ Other - _____						

I hereby certify that I have read this and understand that I contract with NIAH for the prep classes listed above. There is no guarantee, implied or explicit, for specified scores. I understand that there are NO refunds for prep classes. All charges must be paid in full, cash, before beginning class.

Applicant's Signature: _____ Date _____

Emergency Information:

Name _____ Phone _____

Relationship to you _____