

# SEVEN HealthCare Academy

2405 E. Southern Ave, Suite 6  
 Tempe, Arizona, 85282



ENROLLMENT AGREEMENT		
Last Name	First	M.I.
Present Address		Apt.
City	State	Zip
Phone #	E-mail	
Cell #	Social Security #	
Work #		
Permanent Address		Apt.
City	State	Zip
Date of Birth		
Desired Start Date <input type="checkbox"/> Days <input type="checkbox"/> Evenings		
Do you have reliable transportation?		
How did you hear about the program?		
REFERENCES		
<i>Please list two references.</i>		
Full Name		Phone
Address		
City	State	Zip
Full Name		Phone
Address		
City	State	Zip
Previous Licensure in:		
Have you had previous healthcare experience? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Math/Reading Test Score:		
Signature:		Date:

**Enrollment Form must be printed and delivered to the Academy with deposit moneys.**

SEVEN HealthCare Academy does not discriminate against race, color, religion, sex, age, or ethnic background. SEVEN HealthCare Academy nor its instructors are responsible for lost, theft, or destruction of personal property brought into the classroom or clinical arena.