



CCME TRAINING SERVICE

4840 OLD NATIONAL HWY
COLLEGE PARK GA 30337
PHONE: (678) 809-3961
FAX: (470)-355-0790
EMAIL: CCMETRAINING@GMAIL.COM
WEBSITE: www.ccmetrainingserv.com

Application For Admission

Area of Interest _____ EMS _____ Facility Management Course _____
Public Safety _____ CDL _____ Pharmacy Tech _____

NAME _____ DOB _____
First Middle Last

ADDRESS _____
Street City State Zip

SOCIAL SECURITY NUMBER ____/____/____ EMAIL ADDRESS _____

PLACE OF BIRTHDAY (CITY/STATE/COUNTRY) _____

DATE OF BIRTH _____ HOW DID YOU HEAR ABOUT US _____

ARE YOU A US CITIZEN ___ YES ___ NO ___ ALIEN ID # _____ ARE YOU CURRENTLY
EMPLOYED _____ DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED ___ IF NOT WHAT
GRADE DID YOU COMPLETE _____

Language(s) commonly spoken at home: (1): _____

Section Of ACADEMIC DETAILS

Class in which omission is sought _____ HAVE YOU ATTENDED
POST HIGH SCHOOL TRAINING, COLLEGE, ETC? PLEASE LIST ALL SCHOOLS BELOW ___ YES ___ NO

Name(s) of school(s) attended in the past and dates of attendance:

Name of School Any/City/County Class From To

Name of School Any/City/County	Class	From	To

Section 3: EMPLOYMENT AND HEALTH INFORMATION

Please provide your last job information:

Please provide information if you have any health problems requiring special attention:

Section 4: REFERENCES_

Name			
Profession			Designation
Organization			
Address			
Telephone			Fax No
Emails:			

Name			
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OCCUPATION

Profession	
Organization	
Office Address	
Office Telephone	Fax No:
Email	

Section 5: DECLARATION

I confirm that , to the best of my knowledge, the information provided in this form is correct. I have understood and agree to abide by all school rules including school discipline, inter-school/city transfer and tuition fee payment and refunds. I also acknowledge that while the school does its best to ensure this safety of each student life, health and property , the school cannot be held responsible for any damage to these.

Signature

Date

Print Name _____

Signature _____

Section 6: ADMISSION PROCEDURE

1. The completed admission form along with the copies of the birth and health certificate, 3 passport size photographs and the registration fee (WAVIED) must be submitted to the school office.
2. After the admission form has been processed, a date is given for applicant's assessment.
3. Patients are informed of the outcome within one week of the written test date. If a place is offered, the child's admission/ enrollment must be confirmed and all dues paid within 3 days of date offer.
4. If within three days, enrollment is not confirmed, the place offered to another candidate.

FOR OFFICE USE ONLY

Form Check By	<input type="text"/>	Registration Fee Paid On:	<input type="text"/>
Birth Certificate Provided	YES <input type="checkbox"/>	Cash	<input type="text"/>
Photograph Provided	YES <input type="checkbox"/>		<input type="text"/>
School Leaving Certificate	YES <input type="checkbox"/>	Admission Fee:	<input type="text"/>
Written Text	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Tuition Fee:	<input type="text"/>
Date:	<input type="text"/>	Security Deposit	
Child Interview By:			
Parent Interviewed By:			
Acceptance / Rejection	A <input type="checkbox"/> R <input type="checkbox"/>		<hr/>
Reason For Rejection			Signature Accountant
<input type="text"/>			<hr/>
			Signature Of Head Of School