

NEW ERA SCHOOL OF NURSING
5999 STEVENSON AVENUE #401
ALEXANDRIA VA 22304

TEL :571-239-8769
FAX: 703-717-9853

ENROLLMENT APPLICATION

Please print information legibly.

Last Name _____ First Name _____ MI _____

Address: _____

City _____ State _____ Zip Code _____

Phone Number _____ Cell Phone _____

Are you eighteen (18) Yes _____ No _____ Social Security Number _____

Have you ever applied for enrollment Yes _____ No _____

If Yes, When _____ Are you current employed: Yes _____ No _____
AT NEW ERA

Program you wish to enroll: _____

Have you ever been convicted of a felony and/or misdemeanor? Yes _____ No _____

EDUCATION

School (High School/College)	How Many Years	Did You Receive A Diploma Yes or No	Degree/Diploma	Major

REFERENCES

Please give the names of two (2) people, not related to you, who have known you for at least one (1) year.

Name & Address	Day phone Number	Relationship	Years Known