



APPLICATION FOR ADMISSION

6435 Wilshire Blvd, Los Angeles, CA 90048

Personal Information:

Last Name		First Name		Middle Initial	Email Address	
Present Street Address				City	State	Zip Code
Home Phone	Work Phone	Emergency Contact	Name	Relationship	Phone	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
Date of Birth		Driving License		Social Security Number		
What is your legal residency status? <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident, What is your alien number A _____ <input type="checkbox"/> Student Visa <input type="checkbox"/> Other: _____						Country of Birth

I would like to enroll in the following program:

<input type="checkbox"/> Accounting (Associate Degree)	<input type="checkbox"/> Medical & Clinical Assistant (Associate Degree)	<input type="checkbox"/> Phlebotomy
<input type="checkbox"/> Business Management (Associate Degree)	<input type="checkbox"/> Pharmacy Technology Admin. (Associate Degree)	<input type="checkbox"/> Administrative Assist.
<input type="checkbox"/> Digital Media (Associate Degree)	<input type="checkbox"/> Computer Aided Drafting/Design (Associate Degree)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Medical Office Mgmt. (Associate Degree)	<input type="checkbox"/> English as a Second Language (ESL)	_____
I would like to attend classes in the: <input type="checkbox"/> Morning <input type="checkbox"/> Evening		

How did you first hear about our school? _____

Do you have any disabilities which could cause difficulty in completing the program? No Yes

If yes, please explain _____

Educational History:

Type of School	Address	Date Attended	Did you graduate?	Major	Type of Degree Received
High School					
College or Trade School					

Have you ever applied for financial aid before? No Yes, Year Applied _____

Employment History: (Describe the kind of work you have done and any special skills that you have acquired)

I certify all above statements to be true and correct and authorize LAORT to verify my statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.

Date _____

Signature _____

OFFICE USE ONLY

Program: _____ Accepted Rejected, Reason _____

Comments: _____

Admissions Representative

Translator