

Admissions Application

Which vocational training are you interested in attending?



- Customer Service
- Hotel Operations
- Pharmacy Technician
- Culinary Arts

Student Information:

Last Name: _____ First Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Phone (Home): _____ Phone (Cell): _____

Birth date: _____ S.S.#: _____ Female Male

Are you a United States citizen? Yes No Are you currently employed? Yes No

Name of the place you are employed: _____

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

If yes, please explain _____

Parent/Guardian Information:

Mother's Name: _____ Father's Name: _____

Mother's Phone: _____ Father's Phone: _____

High School Information:

What High School are you attending or did you attend? _____

Did you graduate from High School? Yes No Did you receive an IEP diploma? Yes No

Year completed High School: 1 2 3 4

Are you currently on register at your school? Yes No Student OSIS #: _____

School Counselor: _____ Counselors Phone: _____

Which VESID office referred you?

Albany Buffalo Bronx Brooklyn Harlem

Manhattan Queens Staten Island White Plains Long Island

VESID Counselor: _____ Counselors Phone: _____

Student Signature: _____ Date: _____