

Chester Career College
 751 West Hundred Road, RT 10
 Chester, VA 23836
 (804) 751-9191 FAX (804) 751-2599
Application for Re-Entry

OFFICE USE ONLY
Actual Start Date _____
Adm Code _____

I hereby apply for **Re-entry** in accordance with the terms and regulations of RSHT. I acknowledge that I am responsible for a registration re-entry fee of **\$25.00** for all programs. I understand that this fee is non-refundable.

Name _____ Home Phone _____

Street _____ Email _____

City _____ State Zip

Place of Birth _____ Date of Birth

Social Security Number -

Have you ever been convicted of a crime? Yes No

Have you ever had a Student Loan? Yes No If yes, what is the status of the loan? _____

Employment: Are you currently employed? Yes No

Company Name _____ Work Phone _____

Address _____ Position _____

Supervisor's Name _____ Title _____

Does your company offer tuition Yes No

Which program were you previously enrolled? _____

Are you applying for re-entry into this program? Yes No

If not, which program would you like to enroll?

- | | | | | |
|--|--------------------------------|--------------------------------|--|---|
| <input type="checkbox"/> Practical Nursing | <input type="checkbox"/> A. M. | <input type="checkbox"/> P. M. | <input type="checkbox"/> Medical Billing/Coding | A. M. <input type="checkbox"/> P. M. <input type="checkbox"/> |
| <input type="checkbox"/> Medical Assistant | <input type="checkbox"/> A. M. | <input type="checkbox"/> P. M. | <input type="checkbox"/> Surgical Technology | A. M. <input type="checkbox"/> P. M. <input type="checkbox"/> |
| <input type="checkbox"/> Pharmacy Technician | <input type="checkbox"/> A. M. | <input type="checkbox"/> P. M. | <input type="checkbox"/> Radiological Technology | A. M. <input type="checkbox"/> P. M. <input type="checkbox"/> |
| <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> A. M. | <input type="checkbox"/> P. M. | <input type="checkbox"/> Community Home Health | A. M. <input type="checkbox"/> P. M. <input type="checkbox"/> |

Why are you applying for re-entry? _____

Emergency Contact:

Name _____ Relationship _____

Address _____ Home Phone _____

Occupation _____ Work Phone _____

When do you want to re-start? _____

If accepted as a student, I agree to comply with all of the rules and regulations of the school, and I know of no conditions that could interfere with the completion of my course. I acknowledge receipt of the catalog.

 Applicant's Signature

 Date