



618 Court Street
Jacksonville, NC

1915 N. County Dr.
Castle Hayne, NC

Phone: (910) 989-2273

Fax: (910) 809-4996

Caring For Life Student Application

Name_____

Address_____

City St Zip _____

Phone_____ Email_____

Interested Class_____ Class Start Date_____

Required Documentation for Enrollment*: High School Transcript, GED Transcript, College Transcript, or Certificate of High School Equivalency.

**All transcripts must include proof of graduation or program completion at the time of registration.*

Additional Policies: Any written class materials and practice exams are the property of Caring For Life, INC and may not be copied or removed from the premises. Caring For Life, INC is not responsible for lost, stolen, or damaged personal property.

Media Consent: Do we have your permission to use your picture and testimonial statement on our website?

_____ Initials

Please Note: *This is an application of interest only. It does not guarantee course registration. Course registration is complete only when the required transcript is submitted and accepted, the enrollment agreement is signed, and the course deposit is paid. Please check course availability prior to paying course fees.*

I certify that the information in this application is correct and accurate to the best of my knowledge.

Applicant Signature_____ Date_____

Office Use Only:

Payment \$	Type	Date
------------	------	------