



# Career Skills Institute

## Program Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

E-mail address: \_\_\_\_\_

ETHNICITY (CHOOSE ONE):

- Asian       American Indian or Alaskan Native       Black or African American  
 White       Native Hawaiian/Pacific Islander       Choose not to respond

Resident of the Harper College District:  Yes  No

Do you have a legal guardian?  Yes  No

If yes, please provide us with legal documentation and the following contact information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_