



Career Skills Institute

Program Application for starting term: Fall 20_____

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.

Parent Contact Information

Name: _____

Address: _____

Home phone: _____ Cell phone: _____

E-mail address: _____