



# **NORTHWEST TECHNICAL SCHOOL**

APPLICATION FOR **POST-SECONDARY** ADMISSION

Return completed application to Northwest Technical School

## **GENERAL INFORMATION**

PROGRAM APPLYING FOR: \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ Male Female

LEGAL NAME \_\_\_\_\_  
Last First Middle

PERMANENT LEGAL ADDRESS (VERIFICATION MAY BE REQUESTED)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_ EMAIL \_\_\_\_\_

LAST HIGH SCHOOL ATTENDED \_\_\_\_\_ DATE OF GRADUATION \_\_\_\_\_

\*\*OR DATE OF GED CERTIFICATION \_\_\_\_\_

IN CASE OF EMERGENCY \_\_\_\_\_  
Name Relationship Phone

## **BACKGROUND**

White Hispanic American Indian/Alaskan Native Multi-racial  
Black/African American Asian Native Hawaiian/Other Pacific Islander

Please list any accommodations that you believe may be required as the result of a disability of the student.

Family Physician \_\_\_\_\_

Physician Phone # \_\_\_\_\_ Address \_\_\_\_\_

## **MEDICAL INSURANCE INFORMATION**

To be enrolled at Northwest Technical School, students must have accident insurance coverage. Please indicate how this is provided and list the insurance policy.

Check One: I have purchased school accident insurance.  
Student is covered by a family hospitalization insurance.

Company's Name \_\_\_\_\_

Policy # \_\_\_\_\_

## **NONDISCRIMINATION CLAUSE**

All services provided by the Northwest Technical School are available without regard to race, sex, creed, national origin, color, or disability conditions. Concerns regarding discrimination should be addressed to the Directors' Office – 660.562.3022.

**Northwest Technical School**  
1515 South Munn Street  
Maryville, MO 64468  
jackson@maryviller2.com