

DIMAN REGIONAL SCHOOL OF PRACTICAL NURSING

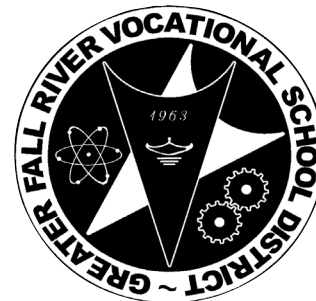
251 Stonehaven Road, Fall River, Massachusetts 02723

(508) 672-2970

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web-page: www.dimanregional.org



School policy stipulates the address on application will serve to classify student as in/out of district (in district - Fall River, Somerset, Swansea, Westport.) In district residents will be required to submit three (3) verifications of address upon receipt of letter of acceptance into the Program.

PRINT INFORMATION REQUESTED, ANSWER ALL QUESTIONS

Full Name: _____
(Last Name) (First Name) (Middle Initial) (Maiden Name)

Last 4 digits of Social Security Number: _____

Mailing Address: _____
(Street/P.O. Box) (City) (State) (Zip)

Residential Address: _____
(Street) (City) (State) (Zip)

E-mail: _____ Cell Phone: _____

Home Tel. # : _____ Work Tel. # : _____

Education: Official High School Transcript indicating graduation or GED score sheet must be received to complete application regardless of college credit or degree. Transcripts may be sent directly from high school or if submitted by applicant must be sealed in agency envelope.

High School: _____
(Name) (City) (State) (Country) (Date Left) (Grade Completed)

***Additional educational certificates may accompany application.*

Other Education: _____

Certificates Received: _____

Have you ever attended a School of Practical Nursing? **YES** **NO**

Where? _____
(Date Entered) (Date Left)

Address: _____
(City) (State) (Country) (Zip)

Reason course was not completed: _____

WORK EXPERIENCE:

Company Name: _____

Address: _____ Type of Work: _____

Dates Employed: _____ Reason for Leaving: _____

Company Name: _____

Address: _____ Type of Work: _____

Dates Employed: _____ Reason for Leaving: _____

Company Name: _____

Address: _____ Type of Work: _____

Dates Employed: _____ Reason for Leaving: _____

Signature of Applicant: _____

Date: _____

Which Program are you applying for? Full-time Day Part-time Evening

***Essay: (1) Your reason for wanting to be a practical nurse.
(2) Your reason for applying to this school of Practical Nursing.
(Your essay must be word processed on a separate sheet.)***

**** ALL APPLICATIONS MUST BE ACCOMPANIED BY A \$25.00 NON-REFUNDABLE APPLICATION FEE****

For office use only:

| | | |
|-------------------|-------------------|-------------------------|
| Date Rec'd: _____ | Rev'd By: _____ | Fee: _____ |
| Transcript: _____ | Essay: _____ | Pre-Adm. Testing: _____ |
| Interview: _____ | References: _____ | Action: _____ |