

# HELPING HANDS TRADE SCHOOL



PO BOX 93 WATERVILLE ME 04903-0093  
(207) 872-9075 FAX (207) 877-0620

571 Sabattus Street, Suite 2 Lewiston, ME 04240  
(207) 777-5294 FAX (207) 777-3782

STATE WIDE 1-800-777-8976

## REGISTRATION FORM

NAME OF COURSE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

APPLICATION DATE: \_\_\_ / \_\_\_ / \_\_\_ DATE COURSE STARTS: \_\_\_ / \_\_\_ / \_\_\_ COST: \$ \_\_\_\_\_

1. MAILING ADDRESS: NAME: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

STREET / PO BOX# : \_\_\_\_\_

CITY OR TOWN: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

2. CITIZENSHIP: U.S. \_\_\_ YES \_\_\_ NO IF "NO" WHAT COUNTRY: \_\_\_\_\_

3. MAINE RESIDENT: \_\_\_ YES \_\_\_ NO IF "NO" WHAT STATE: \_\_\_\_\_

4. TELEPHONE#: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

5. NAME OF SCHOOL ATTENDED: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

6. SCHOOL RECORD: \_\_\_ GRADUATED \_\_\_ WILL GRADUATE \_\_\_ GED  
DATE OF GRADUATION/GED: \_\_\_ / \_\_\_ / \_\_\_

7. SOCIAL SECURITY NUMBER : (if applicable): \_\_\_\_\_

8. DO YOU WISH TO DISCUSS A PAYMENT PLAN? YES \_\_\_ NO \_\_\_

9. WILL YOU TUITION BE SPONSORED BY AN AGENCY OR PROVIDER? YES \_\_\_ NO \_\_\_

10. IF "YES", WHAT IS THE NAME OF AGENCY OR PROVIDER: \_\_\_\_\_

VISA AND MASTERCARD ACCEPTED FOR PAYMENT

11. I hereby apply for enrollment at Helping Hands Trade School. If I am accepted, I agree to comply with the rules and regulations of the School and concede to the School the right to require my withdrawal upon violation thereof. I understand that misrepresentation of information on this application and in any subsequent interviews with School personnel, any constitute adequate reason for disqualification of applicant or enrolled student. I understand that the information on this form is CONFIDENTIAL and will only be used for official School business.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

No application will be considered without the following:

- A. \$20.00 Application Fee\* (This is a non-refundable registration processing fee)
- B. Proof of Diploma or GED, if required to attend class
- C. Other specialized course requirements, such as class pre-requisites and age minimums

\*\$20.00 Application Fee is not required for single day classes or seminars

Office Use Only:

Application Fee Received:      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<u>Payment Source:</u>		<u>Method of Payment</u>	
ASP	_____	TDC	_____
CC	_____	VA	_____
SP	_____	OT	_____
		Cash	_____
		Check	_____ #_____
		MO	_____
		Visa	_____
		MC	_____