Higher Learning CNA Training
1810 Kensington Dr
Second Floor
Waukesha, WI 53188
Ph: (262) 400 - 8617

ENROLLMENT AND DEMOGRAPHICS FORM

(PLEASE PRINT CLEARLY)

Today's Date _____ Training Class Date _____

_____
Last Name First Name Middle Initial Maiden Name

_____
Address City State Zip Code

_____
Mailing Address (if different) City State Zip Code

_____
Email Address

Home Phone _____ Alternate _____

Date of Birth _____ SS# _____

Ethnic Origin _____ High School _____
Name of School

High School Diploma or GED _____ Year _____

Highest year of school completed Please Note: 13-16 are college level **(Please Circle One)**

6 7 8 9 10 11 12 13 14 15 16

How did you hear about us? (Please check one)

- o Advertisement
- o Family or friend
- o Search engine
- o HigherLearningCNATraining.com
- o WI Department of Quality Assurance
- o Other (specify)