



Area L AHEC

Bridging Education to Quality in Health Care
Part of the NC AHEC Program

- **Program Title:**
- **Date:**
- **Registration Fee (If Applicable):**

Student Information			
Student Name:			
	Last	First	Middle
Mailing Address:			
City:	State:	Zip Code:	County:
Student Email:	Create 4-digit code:		
Home Phone #:	Cell Phone #:		

Student's Biographical Information		
Current Grade:	Current School:	
Graduation Year:		
Date of Birth:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Race:	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian
	<input type="checkbox"/> African American/Black	<input type="checkbox"/> Native Hawaiian or Pacific Islander
	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Other (Specify)
Ethnicity:	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic

Student's Parent/Guardian Information		
Name	Address	Phone Numbers (H=Home; W=Work; M=Mobile)
		H: W: M:
		H: W: M:
Emergency Contact:		
Name	Relationship to Student	Phone Number(s)

Student's Parent/Guardian Email Address:

Why would you like to attend this course?

References		
Name	Relationship	Work Phone Number

Applicant Agreement

<i>To the best of my knowledge, application information is true and accurate. I authorize you to verify information and consult with references.</i>		
<i>I authorize that all school officials and references thus contacted be released from all liability in answering inquiries related to my application.</i>		
Student Signature	Printed Name	Date
Parent(s)/Guardian(s) Signature(s)	Printed Name(s)	Date

Media Consent and Release

<i>I voluntarily give my consent to the videotaping, photographing, and audio recording of my son/daughter. I understand that all material obtained will be used for educational purposes and/or release to the media/social media (i.e. Facebook, Twitter, etc.)</i>		
<i>I understand that my son/daughter nor I will not receive compensation for my consent to participate in this project.</i>		
<i>I have read this form and agree to be bound by this form. I acknowledge and represent that I have the right to consent for my son/daughter.</i>		
Parent(s)/Guardian(s) Signature(s)	Printed Name(s)	Date

Please fill, sign, and send this form to [Deborah Woodard](#) or call (252) 972-6958.

This opportunity is provided without regard to race, gender, religion, national origin, sexual orientation, or disability