



Class No. _____
Date _____

APPLICATION FOR ADMISSION

Please print, and provide all the information requested completely and accurately. This information will remain strictly confidential. The Application for Admission will be used to better understand each student's needs, **it is not a job application.**

Last Name _____ First Name _____ Date _____

Address (street, city, zip) _____

OR where you are currently staying _____

Email address _____ Social Security Number _____

Phone (mobile) _____ (home) _____ Date of Birth _____

Marital Status _____ Number of Children _____

Emergency Contact _____ (relationship) _____ Phone Number _____

Served in the Armed Forces? _____ Yes _____ No

EDUCATION	School Name	Dates Attended
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High School		
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Trade School		
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College/Other		
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WORK HISTORY

List current or most recent employer first.

Dates	Name of Employer	Position	Contact Name and Phone Number

2.

Are you involved in any type of drug or alcohol rehabilitation program? _____

Date of sobriety _____

Have you ever been arrested? YES NO

If YES, Charges Date

Name and phone number of Social Worker, Case Manager, or Parole Officer _____

Are you currently under a doctor's care? _____ Are you currently taking any prescription or other type of medicine? _____

If YES, please list _____

Do you experience any side effects such as drowsiness, etc.? _____

Do you have any food allergies, dislikes or dietary restrictions that would prohibit you from full participation in any of our lessons?

Do you have any physical limitations that would prevent you from doing any of the following in the kitchen: standing for long periods, lifting up to 50 lbs., bending over, moving heavy equipment, cleaning and maintenance? _____

What is your goal upon graduation from CCSC? _____

I understand this application is part of the admission process for the School and does not guarantee my acceptance in the program. I have answered all questions truthfully. I understand that false information or omission of information may result in dismissal from the program, regardless of when it is discovered.

Signature _____ Date _____

Community Culinary School of Charlotte
9315-D Monroe Road, Charlotte, NC 28270 ~ 704-375-4500