**Monmouth County Vocational School District**

**Practical Nursing Program**

**105 Neptune Blvd.**

**Neptune, NJ 07753**

**PHONE: 732-431-7245**

**FAX: 732-897-1676**

**Basic Skills Qualifying Test – Application Form**

Please print information clearly and sign the bottom of the page.

Name:  Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a Monmouth County resident? Yes\_\_\_\_\_\_\_\_    No\_\_\_\_\_\_\_

Phone #:    Home#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_            Sex:      Male \_\_\_\_\_     Female \_\_\_\_\_ Other \_\_\_\_\_

Citizenship:    U.S. \_\_\_\_\_\_\_\_   Other: (indicate country) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever attended another nursing program?             Yes: \_\_\_\_\_\_     No: \_\_\_\_\_\_

Have you ever attended this Practical Nursing Program?   Yes: \_\_\_\_\_\_     No: \_\_\_\_\_\_

Are you a High School Graduate:                                       Yes:  \_\_\_\_\_\_    No:  \_\_\_\_\_\_

Is this the first time you are taking the Basic Skills Qualifying Test for the Monmouth County Practical Nursing Program?

Yes:  \_\_\_\_\_      No: \_\_\_\_\_\_

Completion of this application will place you on the roster for the Basic Skills Test**.  (No money is due at this time.)**  Once a test date has been confirmed you will receive a notification letter of the date, time and place.  The bottom portion of that letter **must** be returned with a check or money order payable to **MCVSD** in the amount of $65 (Non-refundable) for the test fee. There is a $35.00 bank fee that will be charged for any returned checks.   Thank you for your interest in the Practical Nursing Program.

I certify that statements and data on this application are correct to the best of my knowledge.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Monmouth County Vocational School District does not discriminate on the basis of race, creed, color, national origin, ancestry, age, marital status, affectional, or sexual orientation, gender, religion, disability or socioeconomic status.