

DEPARTMENT OF EDUCATION
RAPHAEL O. WHEATLEY SKILL CENTER

1834 Kongens Gade, St. Thomas, VI 00802
Phone: (340) 774-6277 Fax: (340) 777-5444

Labor: _____
Human Services _____
Voc. Rehab _____
Self-Pay: _____
Other: _____

APPLICATION FORM
DAY PROGRAM

Date: _____ Semester: 1st _____ 2nd _____ School Year: 20____
Course: _____ Cost: _____ Course: _____ Cost: _____

I. PERSONAL DATA

Last Name: _____ First Name: _____ Middle Name: _____

Physical Address: _____

City _____ State _____ Zip Code: _____

Mailing Address: _____

City _____ State _____ Zip Code: _____

Home phone: _____ Cell phone: _____

Work phone: _____ Other phone: _____

E-mail: _____ Date of birth: _____

Place of birth: _____ Gender: Female _____ Male _____

Marital Status: Single _____ Married _____ Legally separated _____ Widow _____

My age is between: 16-18 _____ 19-24 _____ 25-44 _____ 45-59 _____ 60+ _____

Ethnicity: Black _____ White _____ Hispanic _____ Native _____ Pacific Islander _____ Asian _____ other _____

Do you have a disability: Yes ___ No ___ Explain: _____

Do you have any medical condition that can impede your learning: Yes ___ No ___ Explain: _____

II. EMPLOYMENT/ECONOMIC STATUS

Are you employed: Yes ___ No ___ If yes, please complete Section A. If no, please complete Section B.

Section A

Employer's Name: _____ Telephone: _____

Address: _____

Work schedule: Days: _____ Hours: _____

Section B

Please indicate which one(s) apply to you:

Individual with disabilities: Yes____ No____ Economically Disadvantaged: Yes__ No__
 Public Assistance: Yes____ No____ Single Parent: Yes____ No____
 Limited English Proficient: Yes____ No____ Displaced Homemaker: Yes____ No____

III. EDUCATIONAL INFORMATION

Name of last school/institute/university attended: -----

Degree: High School Diploma_____ GED Diploma_____ AA Degree_____ BA Degree or higher_____

Educational goal: (Mark all that apply)

Improve Basic Skills_____ Attend College/University_____ Seek Employment_____

Other: -----

IV. HOW DID YOU LEARN ABOUT US:

Were you referred by an agency? Yes_____ No_____

If yes, which one: Boys Home_____ Girls Home_____ YRC_____ JOBS_____ Labor_____

Children, Youth & Families_____ Disabilities & Rehabilitation Services_____ Other: -----

V. EMERGENCY INFORMATION

In case of emergency notify: ----- Relationship: _____

Telephone (home): _____ (work) _____ (cell) _____

Student's Signature: -----

Date: _____

Application Verified by: -----

Date: -----

account of race, color, and creed. National origin, sex, handicap or age." Complainants may write to: Legal Counsel, 1834 Kongens Gade, Charlotte Amalie, St. Thomas, USVI 00802.

