

# RESIDENTIAL LEARNING APPLICATION



The Restaurant School at  
Walnut Hill College

Please PRINT in ink and complete all items.

## INFORMATION ABOUT YOU:

			Mr. Miss Ms. Mrs.
_____	_____	_____	Salutation <i>(circle one)</i>
Last		First	MI
PERMANENT ADDRESS: No. & Street		Apt. / Unit #	
_____		_____	
City		State	Zip
_____		_____	
Home Phone	Work/Cell Phone	Email Address	
_____	_____	_____	
Social Security Number		Date of Birth	Age
_____		_____	_____
Major	Starting Date (Mo / Yr)	Full / Part Time	
_____	_____	_____	

## IN CASE OF EMERGENCY:

_____	_____	_____
Name	Relationship to you	Phone Number
_____		
_____	_____	_____
Name	Relationship to you	Phone Number
_____		

Your signature below authorizes The Restaurant School at Walnut Hill College to release your telephone number and email address to your prospective roommate.

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

(if student is under 18 years of age)

Payment Amount: \$ \_\_\_\_\_

Payment Type:       Check (# \_\_\_\_\_)       Credit Card       Money Order

Credit Card Type:     Amex     Visa     Master Card     Discover

Credit Card Number: \_\_\_\_\_    Expiration Date: \_\_\_\_\_

Name as it appears on the Credit Card: \_\_\_\_\_

Signature: \_\_\_\_\_    Date: \_\_\_\_\_