

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: _____