



**BEACON HEALTHCARE SCHOOL, INC.**  
 1815 Avenue M, 2<sup>nd</sup> Floor  
 Brooklyn, NY 11230  
 718-758-2800

**Student ID#** \_\_\_\_\_

**Instructions:** Please print clearly. Fill out all items as indicated on the application form.

**APPLICATION FOR ADMISSION**

Please specify program of interest: **(Please choose one selection from the drop down box)**

**Personal Information:**

**Email:** \_\_\_\_\_

APPLICANT'S NAME:

\_\_\_\_\_ MI \_\_\_\_\_  
 LAST FIRST

\*\*\*\*\*

**Permanent Address:**

\_\_\_\_\_  
 NO. AND STREET

\_\_\_\_\_ STATE \_\_\_\_\_  
 CITY ZIP

\_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_ OTHER TEL #  
 SOCIAL SECURITY NUMBER (Optional) (Cell phone #)

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**Mailing Address (if different from above)**

\_\_\_\_\_  
 NO. AND STREET

\_\_\_\_\_ STATE \_\_\_\_\_  
 CITY ZIP

Name of Person to Contact in Case of Emergency/Address/Phone #

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**To the best of my knowledge, the information on my application is complete and accurate. I understand that any falsification of information may result in dismissal from Beacon Healthcare School, Inc.**

**A money order or cash must accompany this application. Applications cannot be processed without payment.**

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

**Non-Discriminatory Policy:** Beacon Healthcare School, Inc. does not discriminate, nor will tolerate from other parties discrimination on the basis of race, color, national or ethnic origin, religion, age, gender, marital status, sexual orientation, handicap or veteran status in the administration of its educational policies and admission policies.

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DISCLOSURE STATEMENT

The student should be aware that some information in the catalog is subject to change without notice. It is recommended that students considering enrollment check with the school Director to determine if there have been any changes from the information provided in the catalog. In addition, a catalog will contain information on the school's teaching personnel and courses/curricula offered. Be further advised that the State Education Department separately licenses all teaching personnel and independently approves all courses/curricula listed in the school's catalog. It is again emphasized that you check with the school's Director to determine if there are any changes in the courses/curricula offered or the teaching personnel.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**BEACON HEALTHCARE SCHOOL, INC.**

**CLASS CUTS AND TARDINESS**

Class cuts and lateness will on no account be tolerated. Any student who is absent for more than 20% of the total length of the program, does not meet New York State Educational requirements and therefore has not maintained satisfactory academic progress. That student shall be dismissed from the program.

**STANDARDS OF PROGRESS INCLUDING MARKING PERIODS, GRADING SYSTEM, MINIMUM SATISFACTORY GRADE, CONDITIONS FOR INTERRUPTION, PROBATIONARY PERIOD, ETC.**

Every student must complete sixteen (16) unit exams before becoming eligible to sit for the Final Examination, (HHA program). These unit tests are based on course work covered during class hours and homework research. The minimum satisfactory grade on unit tests is seventy percent (70%). The minimum satisfactory grade for the Final Exam is eighty percent (80%). At the end of one week, all students will be evaluated by the instructor in order to review in-class work and attendance.

**CONDUCT AND DISMISSAL:**

1. All students are expected to respect Staff, each other and property.
2. Any student found destroying or vandalizing school property including, but not limited to writing on or defacing school property breaking or stealing, will be dismissed immediately. In that case the school will determine whether or not the student is due a refund.
3. The use of profanity will on no account be tolerated.
4. Students will be expected to conduct themselves in a professional manner at all times.
5. Any student found guilty of sexual harassment will be counseled and a report would be written and placed in the student's personal file.

**TERMS FOR DISMISSAL:**

- Two or more un-excused absences ("Refund" fees will be pro-rated).
- Repeated tardiness (2 or more). ("Refund" fees will be pro-rated)
- Disrespect and/or insubordination to Staff and/or Instructors.
- Theft ( a report will be filed with the police).
- Sexual harassment.
- Failure to maintain the requirements necessary for satisfactory Academic Progress policy.
- Failure to meet financial obligations.
- Violation of school rules and regulations.

**DRESS CODE AND UNIFORM:**

Students are expected to dress in a professional manner and are not permitted to wear shorts, "flip flop" slippers, tank tops, cut off shirts, torn, dirty, revealing, halter or see through tops or other inappropriate clothing. Students must be in uniform from the first day of class. A Uniform consists of a white dress or white top, white skirt or pants, white hosiery (socks) and white shoes. Shoes must fit properly, be comfortable, quiet and clean. White non-decorated sneakers are allowed. Hair must be up and off the shoulders. If the staff feels that any student is inappropriately dressed, that staff member has the right to counsel the student in private and ask him/her to correct the action or leave the school for the day.

**POLICY ON DRUGS:**

The use of illegal drugs and/or alcohol consumption will on no account be tolerated on school premises. Any student violating the school's policy will be counseled and dismissed from the program. The school will also upon request, provide referral services for any student who needs counseling in any area of substance abuse.

**I have to read and understood the above Policy as it applies to Beacon Healthcare School, Inc.**

**I promise to comply with the rules of the policy of the School.**

Name \_\_\_\_\_

(Please PRINT)

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

**BEACON HEALTHCARE SCHOOL, INC**  
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**STUDENT LEDGER SHEET**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ SID# \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Other Contact: \_\_\_\_\_

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To be completed by BHS staff only

Course Title: \_\_\_\_\_

Session: Morning: \_\_\_\_\_ Afternoon: \_\_\_\_\_ Night: \_\_\_\_\_ Saturday: \_\_\_\_\_

Days: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Length: \_\_\_\_\_ Price: \_\_\_\_\_ Reg. Fee \_\_\_\_\_ Tuition: \_\_\_\_\_

Start Date: \_\_\_\_\_ School Representative: \_\_\_\_\_

Date	Receipt Number	Description Of Transaction	Amount Charged To Account	Amount Credited To Account	Old Balance	Balance

Director's Signature: \_\_\_\_\_

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

Bursar's Signature: \_\_\_\_\_

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

(A copy of the above record should be placed in the student's folder upon completion)

**BEACON HEALTHCARE SCHOOL, INC.**

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Brooklyn, NY 11230

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**RECEIPT FORM**

Receipt #	No. _____
Received from	
Address	
Program	
How Paid	
Amount of Account	
Amount Paid	
Balance Due	
Received By	
Received for tuition, books, registration fee, other (specify below)	

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_