**VOCATIONAL EDUCATION & EXTENSION BOARD**

R \_\_\_\_\_\_\_\_

M \_\_\_\_\_\_\_\_

**School of Practical Nursing**

**30 E Cherry Street, Hicksville, NY 11801**

**(516) 572-1704**

**14-HOUR MATH REVIEW CLASS & TESTING APPLICATION**

**FEE: $400.00 NON-REFUNDABLE (CASH ONLY)**

**COMPLETE AND DOWNLOAD FORM AND BRING WITH YOU FOR CONFIRMATION.**

**\* PLEASE BRING VALID CURRENT PHOTO ID FOR TESTING**

**PLEASE PRINT/TYPE CLEARLY AND COMPLETE ALL INFORMATION**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TEST DATE: \_\_\_\_\_\_\_\_\_**

**TIME: \_\_\_\_\_\_\_\_\_**

**SATURDAY CLASS**

**WEEKDAY CLASS**

**CHANGE TEST DATE FEE IS $50 (NON-REFUNDABLE). TEST DATE CAN ONLY BE RESCHEDULED ONCE; MUST RESCHEDULE WITHIN 2 WEEKS OF ORIGINAL SCHEDULE TEST DATE.**

**.**

**PLEASE HAVE EXACT CHANGE WHEN PURCHASING YOUR EXAM.**

**CASH**

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 Signature Date