

NORTH CAROLINA TRUCK DRIVER TRAINING SCHOOL
JOHNSTON COMMUNITY COLLEGE
P.O. BOX 2350, SMITHFIELD, NC 27577

SOCIAL SECURITY NUMBER: ___ - ___ - ____

NAME: _____
Last First Middle

List below other names by which you have been identified in your educational records:

Current Address: _____

City State Zip

Home Phone: () _____ **Cell Phone:** () _____

Date of Birth: (MM DD YY) _____

Place of Birth _____

Sex* ___ Female **Resident of:** _____
___ Male (County) (State)

Highest grade level you have completed:

9 (or less) 10 11 12 13 14 15 16 17 (or more)

Race* ___ White **I will be a:** ___ New Student
___ Black ___ Returning Student
___ Indian (American)
___ Hispanic **While enrolled I plan to be:**
___ Other ___ Employed Full-Time
___ Asian ___ Employed Part-Time
___ Unemployed

Driver License Number: _____ **State of issuance:** _____

Residency:

Are you a legal resident of North Carolina? ___ YES ___ NO

How long have you maintained your residence in North Carolina? _____ years _____ months

Have you ever resided outside of NC? ___ YES ___ No If yes, from _____ to _____

Citizenship:

___ US Citizen ___ Permanent Resident Alien ___ Non-Resident Alien

Person to contact in case of emergency _____

Phone Number _____

*Statistical purposes only.

