



Residence Hall Application

Please fill out this application and mail it to Manor College with your \$100 Residence Hall Deposit.

First Name:	Last Name:	Middle Name:
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Degree of Interest:

Date of Birth:	Age:	Gender:
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Current Address for Mail & Security Deposit:

City:	State:	ZIP Code:
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Date of Entrance to Residence Hall:	Fall	Spring
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Anticipated Graduation Date:	May 20__	December 20__	Summer 20__
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High School Attended:	Date of Graduation:
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Diploma (Yes/No):	Home Phone:
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Cell Phone:	Email:
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Parent/Guardian's Information

First name:	Last name:	Middle Name:
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Relationship to Applicant:	Address:
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City:	State:	ZIP code:	Phone:
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Parent/Guardian's Information

First name:	Last name:	Middle Name:
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Relationship to Applicant:	Address:
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City:	State:	Zip code:	Phone:
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Emergency Contact Information

Name:

Relationship to Applicant:	Phone:	Phone:
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Address:

Name:

Relationship to Applicant:	Phone:	Phone:
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Address:

Doctor's Information

Doctor's Name:	Any Medications/Allergies:
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Address:

Phone:	Email:	Fax:
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City:	State:	ZIP Code:
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Signature

Signature of Applicant:	Date:
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Signature of Parent/Guardian if applicant is under 18:	Date:
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