

CAMELOT COLLEGE

The College That Cares

Date _____

CAMELOT COLLEGE
2618 WOODDALE BLVD. SUITE A
BATON ROUGE, LA 70805

Pre-registration Application

Name _____ Tel. # _____

Address _____ City _____ State _____ Zip _____

SS# _____ Date of Birth _____ Age _____

Program of Study _____

High School Attended/Attending _____

Graduation Date _____ Child Day-Care **Yes** _____ **No** _____

Student Housing **Yes** _____ **No** _____ Transportation Assistance **Yes** _____ **No** _____

Please explain why Camelot College should accept you as a student below:

Applicant

Date

Please mail this Pre-registration Application to Camelot College, 2618 Wooddale Blvd., Ste. A Baton Rouge, LA 70805 to the attention of the Admissions Department. **All applicants must be approved before starting classes.**