



The Albert School
1400 Willow Ave
Elkins Park, PA 19027

Student Name: _____

Phone: 215-635-0945
Fax: 215-782-8151
www.albertschool.org

ADMISSION APPLICATION

1. Completed application form accompanied by a \$125 application fee.
2. Official High School diploma or General Equivalency Diploma (GED) indicating successful completion of the program.
3. Proof that the applicant is 18 years old

Personal Data

(Last Name) (First Name) (Middle) (Maiden Name)

(Street Address1) (Street Address2) (City) (State) (Zip Code)

Social Security #: _____ **Phone #:** (home) _____

Date of Birth: _____ (work/cell): _____

Citizenship: US () **E-Mail:** _____

Other () Indicate Country: _____

Educational History

	Institution Attended	Graduated?	Award Received & Field of Study	Dates Attended	
	(Name, city, state, country of school)			From	To
College		Y N			
College		Y N			
High School		Y N			
Other		Y N			
Other		Y N			

Family Data

Mother Name: _____ **Father Name:** _____

Address: _____ **Address:** _____

(if different from student) _____ (if different from student) _____

Occupation: _____ **Occupation:** _____

Primary Emergency Contact Name & Phone # Secondary Emergency Contact Name & Phone #

Name: _____ **Name:** _____

Relationship: _____ **Relationship:** _____

Phone #: _____ **Phone #:** _____

Student Name: _____

Employment History

Dates	Employer Name/Address	Position	Job Responsibilities

Other Experience: _____

Program

Hours: _____

- _____ Massage Therapy
- _____ Business Office Operations
- _____ Medical Coding & Billing
- _____ Medical Assistant

- _____ Health Information Technology
- _____ Business Administration with Technology
- _____ ESL

Comments:

(Signature)

(Date)