

SCHOOL OF AUTOMOTIVE MACHINISTS & TECHNOLOGY

Application For Admission

I understand that in completing this qualification form, the School is under no obligation to accept me, nor am I under any obligation to the School of Automotive Machinists & Technology. I agree to furnish all required documents for admission and certify that the information contained in this application for admission is correct.

NAME: _____
LAST FIRST MIDDLE INITIAL

ADDRESS: _____
STREET APT # CITY STATE ZIP

PHONE: (____) _____ - _____ CELL: (____) _____ - _____ MESSAGE PHONE: (____) _____ - _____

BIRTH DATE: _____ MALE FEMALE VETERAN: YES NO US CITIZEN: YES NO

DRIVER LICENSE NO.: _____ STATE: _____ SOCIAL SECURITY NO. (LAST TWO): **XXX-XX-XX**

PARENTS NAME: _____ PHONE: _____

IN CASE OF EMERGENCY NOTIFY: _____
NAME RELATIONSHIP

ADDRESS CITY STATE ZIP PHONE

Check One:	Yes	No	Email _____
<input type="checkbox"/> Married	<input type="checkbox"/>	<input type="checkbox"/>	Do you live with your parents?
<input type="checkbox"/> Single	<input type="checkbox"/>	<input type="checkbox"/>	Are you a high school graduate? If yes, date of graduation _____ High School _____ City/State _____
<input type="checkbox"/> Divorced	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a GED? If yes, name of center _____ City/State _____
<input type="checkbox"/> Seperated	<input type="checkbox"/>	<input type="checkbox"/>	Attended any school past high school? Name of school _____ City/State _____ Program _____
	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a vocational handicap? If yes, please describe briefly _____
	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever received any type of financial aid? If yes, what school _____ Type of Aid _____
	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of a felony? <i>(Conviction will not be an absolute bar to enrollment)</i>

Present Employer _____ Phone _____

List Two References:

<small>NAME</small>	<small>ADDRESS</small>	<small>PHONE</small>	<small>RELATIONSHIP</small>
_____	_____	_____	_____
<small>NAME</small>	<small>ADDRESS</small>	<small>PHONE</small>	<small>RELATIONSHIP</small>
_____	_____	_____	_____

If you are accepted for training, what starting date would you prefer? _____

How will tuition be paid? Financial Aid Other _____

Do you learn best by:	<input type="checkbox"/> Watching Others	<input type="checkbox"/> Reading	<input type="checkbox"/> Hands-on	
How would you classify your ability to take instructions?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
How is your ability to concentrate?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor

Write in one paragraph, why you would like to attend the School of Automotive Machinists & Technology: _____

How did you hear about the School of Automotive Machinists & Technology? _____

SAM Tech SUPPORTS A DRUG-FREE ENVIRONMENT

In support of a drug-free environment, and as a condition of my acceptance to the **School of Automotive Machinists & Technology**, I agree to participate in the School's *Random Drug Testing Program*. I understand that a publication fully explaining the *Random Drug Testing Program* will be made available to me during my new student orientation activity at the campus. For additional information, contact the School Director.

I hereby give permission for my grades to be released to my parents or sponsoring agency **YES** **NO**

I hereby give permission for my photograph and scholastic information to be released as deemed appropriate by SAM. **YES** **NO**

I hereby affirm that the above information is true and complete, and I agree to comply with SAM Tech Drug-Free Policy.

APPLICANT SIGNATURE _____ DATE _____



SCHOOL USE ONLY	Tour _____ BMC _____ Accepted _____

SCHOOL OF AUTOMOTIVE MACHINISTS & TECHNOLOGY
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