Texas Health School

Application for Admission

We need copies of the following documents for enrollment:
Valid Drivers License or Valid Picture I.D., Valid Social Security Card,
High School Diploma/GED/College transcripts/CPAt*
(Complete each item; if answer is *"none"* write *"none")*
If I am accepted by the Texas Health School, I agree to comply with the school regulations.

Date _____ **Applicant Signature** _____

DATE _____ SOCIAL SECURITY #_____

FULL NAME (Miss) (Mrs.) (Mr.) _____

DRIVER'S LICENSE _____ STATE_____DOB _____

ADDRESS _____
(Street) (City) (State) (Zip Code)

TELEPHONE (home) #_____(work) #_____(cell) # _____

EMAIL ADDRESS _____ MAIDEN NAME _____

PROGRAM OF CHOICE

□LVN to ADN □Massage Therapy □Medical Assistant □Medication Aide □Nurse Aide □Vocational Nursing

When would you like to start? _____Would you prefer day, evening, or Saturday classes? _____

ACADEMIC BACKGROUND

TYPE	NAME OF INSTITUTION	ADDRESS OF INSTITUTION	DATE OF ATTENDANCE	COURSES OF STUDY	DEGREE GED OR DIPLOMA
High School					
College					
Other					

RECENT EMPLOYMENT EXPERIENCE

NAME OF EMPLOYER	TITLE	DUTIES	DATE FROM	DATE TO

How did you hear about Texas Health School? _____

Have you ever been convicted of a felony or misdemeanor? __Yes __No If yes, give details and date(s) _____

_____

NOTE: ***Criminal history checks show convicted charges, not charges that are pending or crimes the individual was not convicted of or adjudications. TBON, TDHHS, and TDLR may perform these total background checks if deemed necessary. Texas Health School does not take responsibility if issues arise later when TBON, TDHHS, and/or TDLR verifies the applications of pending applicants for the Texas Board of Nursing, Texas Nurse Aide Registry, Texas Medication Aide Registry, and/or Massage Therapy Licensing Program. It is solely the student's responsibility to verify approval of application for licensure prior to enrollment.***

Transcript Authorization if applicable Today's Date _____ Transcript authorization must accompany application.

TO _____High School/College

You are hereby authorized and requested to send/fax a copy of my transcripts to Texas Health School 713.932.0313.

DATE OF BIRTH _____ NAME (when attended) _____

GRADUATION YEAR _____ SOCIAL SECURITY # _____

SIGNATURE (or parent signature if applicant is under 18) _____

STATISTICAL INFORMATION:

Sex F_____ M____

Marital Status S____ M____ D____

Ethnic Origin: Nonresident Alien _____ Hispanic/Latino_____
American Indian/Alaska Native_____ Asian_____
Black/African American_____
Native Hawaiian or Other Pacific Islander _____White_____
Two or More Races _____ Race & Ethnicity Unknown _____