

AMERICAN ACADEMY McALLISTER  
INSTITUTE OF FUNERAL SERVICE, INC.



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APPLICATION FOR RE-ENROLLMENT

I wish to register for:  Fall  Spring  Summer 20\_\_\_\_\_

I plan to continue my studies:  On Campus  Online

I plan to apply for Financial Aid:  Yes  No

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mr.  Ms.  \_\_\_\_\_  
Last Name First Name MI

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone # Day: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Telephone # Evening: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Telephone # Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Have you attended any other school since leaving AAMI:  Yes  No

If yes, please indicate the school(s) and dates of attendance. You **must** submit an official transcript.

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature