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**Atlanta Career Institute**  
**Application**

5380 Peachtree Industrial  
Blvd., Ste. 120  
Norcross, GA 30071

\_\_\_\_\_  
Last Name                                      First                                      Middle                                      Maiden

\_\_\_\_\_  
Address                                      Apt. #                                      City                                      State                                      Zip Code

\_\_\_\_\_  
E-Mail Address                                      /                                      /                                      Male \_\_\_\_\_ Female \_\_\_\_\_  
Date of Birth

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Tel. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

How did you hear about Atlanta Career Institute? \_\_\_\_\_

\_\_\_\_\_  
Name of Program Applying for                                      Desired Class Time                                      Desired Class Date

Are you a U.S. Citizen \_\_\_\_ Yes \_\_\_\_ No                                      Are you authorized to work in U.S \_\_\_\_ Yes \_\_\_\_ No

Have you graduated High School or have a GED                                      \_\_\_\_\_ Yes                                      \_\_\_\_\_ No

Please list any Technical School, College, or University you attended after High School:

\_\_\_\_\_  
From: \_\_\_\_\_ to \_\_\_\_\_ Degree Earned: \_\_\_\_\_ Graduated \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
From: \_\_\_\_\_ to \_\_\_\_\_ Degree Earned: \_\_\_\_\_ Graduated \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
From: \_\_\_\_\_ to \_\_\_\_\_ Degree Earned: \_\_\_\_\_ Graduated \_\_\_\_ Yes \_\_\_\_ No

If you plan to complete an educational program in the future, please indicate the degree or program to be Completed: \_\_\_\_\_

**Prior Convictions:**

Have you ever been convicted of any violation of law, including moving traffic violations:                                      Yes                                      No  
If yes, then please provide the following:

Describe the offense: Statute/Ordinance (if know), Date of Charge, and Date of Conviction: \_\_\_\_\_

I hereby certify that all entries on the application and any attachments are true and complete and that any Falsification of this information may result in my forfeiture any monies paid to ACI.

I have read and agree to the course fees and entrance requirements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Application and Credit Authorization Form can be received via mail, email, or Fax  
Payments accepted in via Credit Card Authorization (Debit Cards), Money Order or Cashier's Checks*

# Atlanta Career Institute - Credit Card Authorization

Credit Card #

Security Code

EXP. Date:

All applications fees are non-refundable (\$100)

**Card Type**

Mastercard

\$100 CNA Class

\$500 Patient Care  
Technician/EKG/Phlebotomy

Visa

\$500 Hemodialysis Class

\$500 Medical Assistant/  
Patient Care Technician/  
EKG/Phlebotomy

Discover

\$100.00 Phlebotomy Class

Debit

\$100 EKG

\*\*\*\$100 is portion of Application fee and non-refundable

Student Name: \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

Tel: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_