

E-mail: info@atlci.net  
Telephone: 770-807-0170  
FAX: 770-234-6061

**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:

**Card Type**

MC/VISA

\$100 Deposit CNA Class

\$600 Deposit Patient Care  
Technician/EKG/Phlebotomy

Visa

\$100.00 Deposit Phlebotomy Class

\$600 Deposit Medical Assistant  
Combo Classes

Discover

\$100 Deposit EKG

Debit

\$25 Deposit Phlebotomy Refresher

\$600 Deposit CNA/Medical Assistant  
Combo Class

PAY IN FULL OPTION - (confirm amount with office)

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

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

Student Signature: \_\_\_\_\_ Email: \_\_\_\_\_

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

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