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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:

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 \$600 Deposit CNA/Medical Assistant
Combo Class
 Debit \$100 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

By Signing this form I agree to pay a 4% Credit Card Convenience Fee

Student Name: _____ Cardholder Name: _____

Student Signature: _____ Email: _____

Tel: _____ Street Address: _____

City: _____ State: ____ Zip Code: _____