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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	<input type="checkbox"/> MC/VISA	<input type="checkbox"/> \$100 Deposit CNA Class	<input type="checkbox"/> \$600 Deposit Patient Care Technician/EKG/Phlebotomy
	<input type="checkbox"/> Visa	<input type="checkbox"/> \$100.00 Deposit Phlebotomy Class	
	<input type="checkbox"/> Discover	<input type="checkbox"/> \$400 Deposit EKG	<input type="checkbox"/> \$600 Deposit Medical Assistant Combo Class
	<input type="checkbox"/> Debit	<input type="checkbox"/> \$100 Deposit Phlebotomy Refresher	<input type="checkbox"/> \$600 Deposit CNA/Medical Assistant Combo Class

\$ \_\_\_\_\_ Item and amount approving

**\*\*\*\*\$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: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_ Email: \_\_\_\_\_

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

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