ADMISSIONS APPLICATION

SCHOOL INFORMATION

AECC Career School

300 S. Spring, Suite 300 Little Rock, AR 72201 501-615-8922

STUDENT INFORMATION

Student Name:				Social Security Number:	
Address:				City/State/Zip:	
Telephone:					
E-mail Address:					
Education:	Name of High So	chool Completed:			
	City/State:				
Education:	Name of College	Attended:			
	City/State:				
	1				
D 11	1	Progra	am Requ	est	
Program Name:					
Course Length:	Contact Hours:		Date the	training is to begin:	
		Course(s)		Business Skills Trainin	g Program
Pre-Employment Career Readiness				rosoft Applications:	
Training Program				ce 365- Outlook rosoft Applications:	
				a Entry- Word 365, Level I	
Customer Service Skills				rosoft Applications:	
Training Program			Dat	a Entry- Excel 365, Level I	
				rosoft Applications:	
Court Court Number of Asset Asset			Offi	ce 365-Power Point	
Certified Nursing Assistant (CNA)					
Certified Pharmacy Technician (CPhT)					
*Total Cost is estimated and based on cur		rrent cost and subj	ect to cha	inge.	
TOTAL COST: \$					

METHOD OF PAYMENT								
Method of Payment (check on	e)							
Money Order ()	Cashier Check ()	Cash ()		Other ()				
570.			***					
[If interest is charged or more	than three payments are	allowed, state the	terms. If no interest is	charged, so state]				
"A my holden of this commun		auhiaat ta all al	laimes and dafamass re	which the debter could				
"Any holder of this consumer credit contract is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto or with the proceeds hereof.								
Recovery hereunder by the debtor shall not exceed the amounts paid by the debtor hereunder. "								
REFUND POLICY								
Refunds are applicable according guidelines.	ording to State Board or	f Private Career	Education Rules and	Regulations and AECC				
		(250/) 6.1	4 6 1 1 1	11 1				
(i) At completion of less that basis.	in twenty-five percent ((25%) of the pro	gram, the refund shal	I be made on a pro rata				
(ii) At completion of 25% but less than 50% of the program, the student shall be refunded not less than 50% of								
the tuition.								
(iii) At completion of 50% but less than 75% of the program, the student shall be refunded not less than 25% of								
the tuition.								
(iv) At completion of 75% or more of the program no refund is due the student								
	ACKN	OWLEDGMEN	NTC					
Licensed by the Arkenses Div			113					
Licensed by the Arkansas Division of Higher Education.								
	-							
Name of Student (Print)		Data	Signature of Stude					
Name of Student (Print)		Date	Signature of Stude	III				

Updated: 4/20/21

Signature of Authorized AECC Official

Date

Printed Name of Authorized AECC Official

BACKGROUND INFORMATION SECTION

I hereby authorize all parties named in this applicat and Arkansas Employment Career Center a	tion to disclose to information necessary to determine rding my service, character and conduct. I rise from furnishing such information. This ndividuals' employment and expires upon
I hereby authorize all parties named in this applicate and Arkansas Employment Career Center a eligibility for employment, including information regardereby release the parties form all liability that may are authorization is good throughout the duration of the i	tion to disclose to : ny information necessary to determine rding my service, character and conduct. I rise from furnishing such information. This
I hereby authorize all parties named in this applicat and Arkansas Employment Career Center a eligibility for employment, including information rega hereby release the parties form all liability that may a	tion to disclose to : ny information necessary to determine rding my service, character and conduct. I rise from furnishing such information. This
palmagnati bitangkata (mana	VFORMATION
Do you have pending court charges for a felony, misdemeanor or order	court charges for a felony, misdemeanor or ordinance violation? Yes No If yes, please
1.00 1	
Race: Indian White Black Hispanic Asian	Other U.S. Citizen: Yes No
Previous Names Used Date of Birth (required) Place of Birth	Sex: M F
	urity # (required)
en-uphanianamenthadouri-on-topagainapahanianamenthadusunamenthadusunamenthanianamenthanianamenthanianamenthanian B	
Current Mailing Address	
Current Mailing Address	



ARKANSAS STATE POLICE

ASP 122 (Rev. 02/19/2019)

Identification Bureau Individual Record Check Request Form

List ALL other names ever used (married, maiden Date of Birth: Sta (Month/Day/Year) Social Security #:	shortened, etc.) Inter of Birth: Driver's License #:		
Date of Birth: Sta	te of Birth: Driver's License #: _		
	Driver's License #: _		
	Driver's License #: _		
Social Security #:			
	Street/P.O. Box		State
Mailing Address:	Street/P.O. Box		State
		ζ.	
City		State	Zip Code
<u>APF</u>	LICANT RECORD NOTICE	<u>s</u>	
Obtaining Copy: Procedures for obtaining a copy Regulations (CFR) Section 16.30 through 16.33 checks. Change, Correction, or Updating: Procedures for record are set forth in Title 28, Code of Federal Research	or the FBI website at his	ttp://www.fbi.gov/about rection, or updating of a	-us/cjis/backgrou
I give my consent for the Arkansas State Police to following person or entity:			ease any results to
Signature:		Date:	
(First/MI/Last N	ame)	(Mo	onth/Day/Year)
Release to: Arkansas Employment Career Center			
	(First/MI/Last Name) OR Full Nam	ne of Agency	
Mailing Address: 300 S. Spring Street, Suite 300	G: (D.O. D.		
	Street/P.O. Box		
Little Rock City		Arkansas State	72201
·			Zip Code
WHEN THIS PROPERLY COMPLETED REQUEST F CHECK; THIS:	ORM IS SUBMITTED {OTHE REQUEST FORM MUST BE N		HE SUBJECT OF TH
STATE OF			
COUNTY OF			
Subscribed and sworn before me, a Notary Public	, in and for the county and	state aforesaid, this is the	ne
day of		, 20	_ •
BELOW FOR OFFICE USE ONLY		Notary Public	
82005 State Record Check			