



This form is developed for and is to be used by Arlington Career Institute. Please type or print neatly.

School Name Arlington Career Institute

I am applying for the term beginning _____

Program Choice Court Reporting - Online

PAYMENT INFORMATION

Are you applying for financial aid? Yes No

If you are applying for financial aid, when did/will you file the appropriate form(s) (FAFSA, CSS Profile, etc.)? _____

ACI School code for FASFA - 016944

PERSONAL INFORMATION

Please enter your name as it appears on your passport or other official documents.

Legal Name _____ Date of Birth _____
Last (family) First Middle (mm/dd/yyyy)

Gender Identity (optional): Man Woman Self Identify Social Security Number _____

Preferred Name _____ Previous Last Name(s), if any _____

E-mail _____ Marital Status _____
Number of children _____ (single, divorced, married, etc.)

PERMANENT ADDRESS

____ Street Address Apt. # City/Town State/Province Zip/Postal Code

Phone _____ Alternate Phone _____
Begin with Area or Country Code Begin with Area or Country Code

Please give your address for all admission correspondence

CURRENT MAILING ADDRESS

____ Street Address Apt. # City/Town State/Province Zip/Postal Code

Current mailing address valid from _____ to _____
(mm/dd/yyyy) (mm/dd/yyyy)

CITIZENSHIP

Place of Birth _____
City/Town State/Province Country

US Citizen Dual US citizen; please specify other country of citizenship: _____

US permanent resident visa: citizen of _____ Alien registration number _____

Other Citizenship _____
Visa



First Term Admissions Application

If you live in the United States, but are not a U.S. citizen, how many years have you lived in the country? _____

If not English, language spoken in your home _____. If not English, list your first language _____

ETHNICITY

Race/Ethnicity information is optional. Information you provide will not be used in a discriminatory manner.

____ Asian (country of family's origin _____)

____ Native Hawaiian or Other Pacific Islander

____ Black or African American

____ White

____ American Indian or Alaska Native (enrolled _____)

____ Hispanic

Tribal affiliation _____

FAMILY INFORMATION

Spouse _____ Significant other _____

____ Parent _____ Guardian _____

____ Last name _____ First name _____ Middle _____

Address _____
Street Address Apt. # City/Town State/Province Country Zip/Postal Code

Phone _____ E-mail _____

Profession _____ Position _____

Employer _____

College Attended (if any) _____ Degree Earned _____ Year _____

Graduate School Attended (if any) _____ Highest Degree Earned _____ Year _____



First Term Admissions Application

ACADEMIC INFORMATION

HIGH SCHOOL

School _____ CEEB Code _____

Type of School Public Private Correspondence Charter Parochial Home School Other/Education Provider

School Address _____
Street Address City/Town State/Province Country Zip/Postal Code

Start Date _____ (mm/yyyy) Date of Graduation _____ (mm/yyyy)

Phone _____ Fax _____

Are you currently enrolled in high school? Yes No Will/did you graduate from high school early? Yes No

Did you receive a GED? Yes No If so, list date _____ State you receive it from _____ (mm/yyyy)

COLLEGES/UNIVERSITIES

School Name	CEEB Code	Dates attended	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



First Term Admissions Application

EMPLOYMENT INFORMATION

List any work experience (including summer jobs) during the past three years.

Employer	Job Description	Dates of Employment	Hours per week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Extracurricular Information

Tell us about one of your extracurricular, volunteer, or employment activities. If you need more space, please attach your response to the end of the application.



First Term Admissions Application

DISCIPLINE INFORMATION

Other than traffic offenses, have you ever been convicted of any misdemeanor or felony? _____ Yes _____ No

Authorization

Your signature below confirms all information in the application (including any supplemental information) is factually true and honestly presented and that you are the person submitting this application. All information will be kept confidential.

Signature of applicant _____

Date _____