

Student Application Form

To be considered for enrollment, applicant must return completed and signed application with your \$50.00 non-refundable application fee.

Student Name

First Name Middle Name Last Name

Birth Date

____ ____ ____
Month Day Year

Gender

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code Country

SSN

Student E-mail

Drivers License

Mobile Number

Area Code Phone Number

Phone Number

Area Code Phone Number

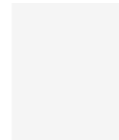
Work Number

Area Code Phone Number

Highest level of education

If you attended a vocational program in High School please describe

Optional



Is English your Native Language?

Are you a US Citizen?

Mail your completed application with your \$50.00 non-refundable fee (make check payable to ACCI, Inc.) to:

ACCI, Inc.
P.O. Box 225,
Wallingford, VT
05773

