 **Liberty Careers Institute, LLC**

**16151 Cairnway Drive #107A Houston, TX 77084**

**Phone: 281.861.4606; Fax: 281.861.4663**

**Student Enrollment Contract Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Last Name: Mr./Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M/Initial:\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Soc. Sec #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent or Guidance/Spouse who will be responsible for bills or receive reports \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Phone # of Closest relative not living with you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Intended Program (Check One)** When do you want to start? \_\_\_\_\_\_\_\_\_\_\_\_

Certified Nursing Assistant (CNA) \_\_\_\_\_ Certified Medication Assistant (CMA) \_\_\_\_\_\_\_\_\_

Microsoft Office Applications (Word, Excel, PowerPoint, Access): \_\_\_\_\_\_

Keyboarding (Typing – Word Processing): \_\_\_\_\_\_\_\_ Preferred Scheduled: Day: \_\_\_\_\_\_ Evening: \_\_\_\_\_\_\_ Saturday Classes: \_\_\_\_\_\_\_

**Education**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type** | **Name of School** | **Address** | **Date Attended** | **Courses of study** | **GED/Diploma** |
| High School Attended |  |  |  |  |  |

**Work Experience –** Most recent Job

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Employer** | **Job Title/Position** | **Address/Phone** | **Start Date/ End Date** |
|  |  |  |  |

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_\_Yes \_\_\_\_\_\_No if yes gives details and date(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statistical Information**

**Ethnic Origin**

Black/African American \_\_\_\_\_\_\_\_\_\_\_\_Hispanic/Latino\_\_\_\_\_\_\_\_\_\_\_ Asian \_\_\_\_\_\_\_\_\_\_\_ American Indian/Alaska Native \_\_\_\_\_\_\_\_\_

Native Hawaiian or other Pacific Islander \_\_\_\_\_\_\_ White \_\_\_\_\_\_\_ Non- resident Alien \_\_\_\_\_\_\_\_ other specify \_\_\_\_\_\_\_\_\_\_

Marital Status \_\_\_\_\_\_Single \_\_\_\_\_Married \_\_\_\_\_ Divorce

Sex \_\_\_\_\_Male \_\_\_\_\_\_ Female. Are you US Citizen? \_\_\_Yes or \_\_\_\_No if No what is your Immigration status? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify to the best of my knowledge that the information above is correct and that falsification of any information may be a reason for non-acceptance of my application or dismissal from the Institute at a future date.

Applicant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Admission office only \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Personal ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Admission Requirements**

New Students must provide copies of the following documents for enrollment

* High School Diploma/GED
* Valid Driver License or Valid Picture I.D.
* Valid Social Security Card
* College transcripts
* Student without a high school diploma or GED must take Wonderlic (Basic Skills Test)

**Method of Payment**: **CASH OR CREDIT CARDS ACCEPTED ONLY**

\*Discounted statement: Liberty Careers does not charge any interest on tuition.

\*Method of Payment Schedule is as follows half of tuition is due when the student enrolled in the program and final amount of tuition due before clinical. Have read, understood, and accept all terms on both sides of this agreement, including the terms of Financial Agreement which I execute with Finance Department Personnel. I further understand that all tuition, books, supplies and other cost stated in the Enrollment agreement for the first 54 hours of instruction are due and payable the first day of class.

Upon completion of the first 54 hours of the program, all costs stated on the enrollment agreement for the last 108

clock hours of the program become immediately due and payable unless other financial arrangements were made through the Financial Agreement as executed, constitutes part unless other financial arrangements were made through the Financial Agreement no interest rate and no late fee charge.

I understand the Financial Agreement as executed, constitutes part of this Enrollment Agreement of which all terms are legal and binding. I understand that books, supplies, and lab fees are included in tuition. I HAVE READ and received a copy of this agreement and a copy of the current school catalog.

I UNDERSTAND THAT LIBERTY CAREERS INSTITUTE OFFERS \*JOB PLACEMENT ASSISTANCE BUT DOES NOT GUARANTEE A JOB OR A STARTING SALARY UPON GRADUATION. APPROVED AND REGULATED BY THE STATE OF TEXAS WORKFORCE COMMISSION, CAREER, SCHOOLS, AND COLLEGES, AUSTIN, TEXAS.

APPLICANT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACCEPTED BY: SCHOOL DIRECTOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STUDENT REPRESENTATIVE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ACCEPTANCE OR REJECTION)

**YOU MAY CANCEL THIS CONTRACT, WITHOUT ANY PENALTY OR OBLICATION, WITHIN 72 HOURS (UNTIL MIDNIGHT OF THE THIRD DAY EXCLUDING SATURDAYS, SUNDAYS, AND LEGAL HOLIDAYS) AFTER THE ENROLLMENT AGREEMENT IS SIGNED. TO CANCEL THIS TRANSACTION, MAIL OR DELIVER A SIGNED AND DATED COPY OF THIS CANCELLATION NOTICE, OR ANY OTHER WRITTEN NOTICE OR SEND A MAIL TO** [**INFO@LIBERTYCAREERS.NET**](mailto:INFO@LIBERTYCAREERS.NET)

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APPLICAT SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHOOL FEES AMOUNT**

|  |  |
| --- | --- |
| **REGISTRATION FEE** | **$100.00** |
| **TUITION** | **$800.00** |
| **TEXT BOOK** | **$50.00** |
| **UNIFORM FEE** | **$50.00** |
| **LAB FEES** | **$25.00** |
| **ACTIVITIES FEES** | **$25.00** |
| **TOTAL COST** | **$1050.00** |
| **DISCOUNTED PRICE** | **$1000.00** |