

**ENROLLMENT APPLICATION/AGREEMENT**

**PENNSYLVANIA ACADEMY FOR  
ANIMAL CARE AND CONTROL**



**BASIC HUMANE SOCIETY POLICE OFFICER  
CERTIFICATION**

**PART I AND PART II**

**STUDENT INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-mail \_\_\_\_\_

Are you currently employed by a Pennsylvania Non-Profit Agency? Y or N  
If yes, what is the name of your organization?

\_\_\_\_\_

Do you currently work for, or are you contracted with, a township or  
municipality as an Animal Control Officers? Y or N  
If yes, what is the name of the municipality you work for?

\_\_\_\_\_

**PROGRAM INFORMATION**

**Clock Hours:** 90 Total

**Document Awarded at Graduation:** Certificate for Part I or Part II only.  
Diploma for full course. Diploma required to be eligible for swearing in.

**COSTS**

**Tuition:** \$675.00 \_\_\_\_\_ Part I ONLY    \$675.00 \_\_\_\_\_ Part II ONLY  
\$1,350.00 \_\_\_\_\_ FULL HSPO COURSE

**Registration Fee: \$150.00 (Must accompany this form)** credited to tuition. **Other Fees: N/A. Please make check payable to Pennsylvania Academy for Animal Care and Control and mail to P.O. Box 284 Middletown, PA 17057. DO NOT send mail to the training site.**

**If paying by credit card:**

Type of card: \_\_\_\_\_ Name of Card: \_\_\_\_\_  
Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
CVV: \_\_\_\_\_ Zip Code Associated with Card: \_\_\_\_\_

**AMOUNT TO BE CHARGED** (Deposit/Full Payment/Part I or II ONLY):

\_\_\_\_\_

Please sign authorizing the amount to be charged:

\_\_\_\_\_

By signing below, I agree to enroll in the school and abide by all school policies as stated in the Course Catalog. I have received a copy of this enrollment agreement and the Student Information Publication/Catalog.

This enrollment agreement is not binding until it is signed by the student (and a parent or guardian if under 18 years of age) and a representative of the school.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PAACC Official Signature

\_\_\_\_\_  
Date