

**ENROLLMENT APPLICATION/AGREEMENT**

**PENNSYLVANIA ACADEMY FOR  
ANIMAL CARE AND CONTROL**



**BASIC HUMANE SOCIETY POLICE OFFICER**

**FOR PREVIOUSLY SWORN HSPO'S**

**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**

**Document Awarded upon Completion:** Certificate for Part I or Part II only.  
**EXAMS ARE NOT REQUIRED/LAST DAY IS OPTIONAL FOR EACH WEEK. You may attend either or both weeks. MUST be previously sworn as an HSPO AND up to date on Continuing Education to be eligible for the registration option and discounted rate.**

**COSTS**

**Tuition:** \$475.00 \_\_\_\_\_ Part I ONLY    \$475.00 \_\_\_\_\_ Part II ONLY  
\$950.00 \_\_\_\_\_ 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