

**TEXAS ACADEMY OF ANIMAL CONTROL OFFICERS  
BACT REGISTRATION – STUDENT INFORMATION**

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Course Date(s)

\_\_\_\_\_  
Today's Date

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

\_\_\_\_\_  
First

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Mailing address, if different from physical address

\_\_\_\_\_  
Sex

\_\_\_\_\_  
DL/ID#

\_\_\_\_\_  
Smoking/Non-Smoking

\_\_\_\_\_  
Home Phone Number

Yes or  No

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Do you need lodging?

\_\_\_\_\_  
Current Employer

\_\_\_\_\_  
Employer Phone Number

\_\_\_\_\_  
Employer Address

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Student Status

\_\_\_\_\_  
Name of High School or College

\_\_\_\_\_  
Field of Study/Major

**CIRCLE ONE PLEASE:**

BACT Tuition: \$650.00 no lodging

BACT Tuition: \$850.00 double occupancy

BACT Tuition: \$950.00 private room

Payment in Full or Deposit of \$250.00 Attached

Amount Included with application: \$\_\_\_\_\_

Payment: Check, Money Order or Credit Card

\_\_\_\_\_  
Exact Name on Card

\_\_\_\_\_  
Type of Card

\_\_\_\_\_  
Expiration Date(MM/YY)

\_\_\_\_\_  
Security Code

\_\_\_\_\_  
Billing address for Card, if different from above:

\_\_\_\_\_  
CC#

\_\_\_\_\_  
If making partial payment (minimum of \$250.00), remaining balance must be paid in full before the start date of class. Attach required documentation and payment to this form payable to TAACO 332 E. cuero St., Giddings, TX 78942. If questions, please call: (979)542-5010.