

1st Academy School of Insurance

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REGISTRATION FORM * MARCH 2024 – MAY 2024

	Last	First	M.I		
A	Address:		Insurance Agency:	Name of agency sponsoring course (If applic	ahle)
	S.S.#:	(Last 4 Dig	its) Email:		
Н	ealth: 🛛 🖬 2-Day Class: \$3	87.00 🛛 1-Day Fast Track: \$327	7.00. 🛛 L&H Self Study: \$282.00	 P or C Self Study: \$222.00 □ F □ L or H Self Study: \$222.00 □ F elf Study ● F.T. = Fast Track ● F.C. 	Refresher
	Payment Methods:		No Money Orders /	No Company Checks	
	Full Payment is Due at Regis	stration via 1st Academy Scho	ol of Insurance Website (ww	w.academyinsuranceschools.co	m)
	1st Academy School	of Insurance does not offer p	ayment plans or accept loans	s for payment of courses.	
		Credits from other schools o	r courses are non-transferra	ble.	
		(✔ Check all	classes that apply)		
	L&H	2-Day Course = 14 Credit Hou	rs ● L&H 1-Day Course = 7 C	Credit Hours	
		Life & Health	Life Only	Health Only	
	LIFE & HEALTH CLASSES	2-DAY 9:00am-4:00pm	1-DAY 9:00am - 4:00 pm	1-DAY 9:00am-5:00pm	
ſ	March 2024	03/19 – 03/20	03/19	03/20	
F	April 2024	0 4/23 – 04/24	04/23	04/24	
F	May 2024	05/21 – 05/22	05/21	05/22	
L	P&C 4-Day Course = 24 Credit Hours ● P&C 2-Day Course = 12 Credit Hours				
Property & Casualty Property Only				Casualty Only	
	PROPERTY & CASUALTY	4-DAY 10:00am-4:00pm	2-DAY 10:00am-4:00pm	2-DAY 10:00am-4:00pm	
	March 2024	03/11 - 03/14	03/11-03/12	03/13 - 03/14	
	April 2024	□ 4/08 - 04/11	0 4/08 – 04/09	04/10-04/11	
	May 2024	05/06 – 05/09	05/06 - 05/07	05/08 - 05/09	
[Disclaimer: 1st Academy Scho	ool of Insurance will assist in	job placement, but it is not	guaranteed or promised.	
S	Schedule and prices are subje	ct to change without notice;	additional classes are added	monthly. Call for confirmation	
		ool of Insurance does not disc			
0	the undersigned understand catalog, effective 3/01/2024,	which is a part of the enroll	ment agreement and have nent agreement.	received a copy of the course	
l e c	am registered for the above each section of the agreement	stated class and understand nt with the officer of 1st Aca gree and understand that I ha	the guidelines, I (or the stud demy School of Insurance, a	ent's guardian), have reviewed and had the opportunity to ask this agreement and that I have	
S	Student Signature:		Date: _		
(Guardian's Signature:	(If applicable)	Date: _		
	staff Signature:		Date:		

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Effective 03/06/2024