

Enrollment Agreement

Course Title:
BLOODBORNE PATHOGEN

Student Name: (Please Print) _____

Address: _____ **Cell No:** _____

SSN: XXX-XX - ____ - ____ - ____ **Date of Birth:** _____ **Age:** _____ **Gender:** M F

Email: _____

Class Date: _____ **Please circle one:** Day Evening Weekend

Tuition	\$36.00
Sales Tax 4.712%	1.70
TOTAL COST OF COURSE (including tax)	\$37.70

Full payment must be paid at time of registration. All Forms of Payment Accepted (*Cash, Check, Credit & Debit Cards*). **Note:** An additional fee of 4.1% will be charged to you if paid with Credit or Debit. There is a \$30.00 Service Charge for any and all Returned Unpaid Checks. This special tuition can't be used in conjunction with a financial aid.

Cancellation/Refund/Rescheduling Policy

Please
Initial
Below

- 1. To re-schedule, you **must** call 24 hours prior to the scheduled class. NO show - No refund.
- 2. After the enrollment is processed and the school receives my payment, no refund is allowed.
- 3. If I choose to drop out of the class, there is no refund.

Effective date of acceptance:

I hereby agree to abide by the conditions set forth herein.

Student and/or Guarantor's Signature

Date:

Office use only:

School Representative: _____

Date: _____