Student Enrollment Agreement

Licensed by Commission for Independent Education, Florida Department of Education #3440

STUDENT INFORMATION

Name:		
First	Last	M.I.
Address:		
Street	City/State	Zip Code
Name of Parent/Guardian (if stud	/	Tal
ephone		Tel
	(Business or Cell):	
Social Security Number:	(Business or Cell): Date of Birth:	
Circle One: Male Femal Email Address:	e	
INSTITUTION ONLY – Schola	RAM INFORMATION arships available – Please reach out	
Program Title: RV Technician		Course Hours: 400
Number of weeks required to c Days of Week: Monday through		
Class Schedule: () Full Time ()		0 pm
Hours/Week: 40	Start Date:/_/ End	Date://
<u>Tuition</u> : Registration Fee (Non-Refunda Documents:		
Program Cost:	\$ (TOTAL COST)
METI	HODS OF PAYMENT	
[] Full payment at time of sig		

- nent at time of signing enrollment agreement. []
- [] Registration fee at the time of signing enrollment agreement with balance paid 30 days prior to program start date.

This document and the catalog constitute a binding contract between the institution and the student and no further modification or representation except as herein expressed by both parties will be recognized. Signature certifies that student has a high school diploma or GED or college transcript.