



REGISTRATION FORM

PERSONAL INFORMATION

First Name: Middle Name: Last Name:

Address 1: Address 2:

City: State: Zip:

Date of Birth: Cell: E-mail:

Emergency Contact Info:

How did you hear about us?

If other, please specify:

EDUCATION

Graduated High School? If yes, what month and year?

Do you have a copy of your diploma or GED certificate?
(If yes, please attach a scanned copy in your email)

Name of High School:

City: State:

Name as it appears on your High School records:

Did you pursue education after High School?

If yes, where?

METHOD OF PAYMENT

Option 1: \$500 deposit and \$4000 balance of tuition due at the beginning of first class

Option 2: \$500 deposit and payment of \$2050 at beginning of first and third class

Option 3: \$500 deposit and 8 weekly installments of \$525 due at the beginning of each class

Signature

Date

CLICK THESE BUTTONS:

1. Save Form

2. E-mail Form

3. Pay Deposit