

ENROLLMENT FORM

(PLEASE CIRCLE ALL THAT APPLY): **CURRENT STUDENT** **NEW STUDENT** **RETURNING STUDENT** **HIGH SCHOOL STUDENT** Date: _____

STUDENT INFORMATION

Name: (first, middle, last)			High School Completion: <input type="checkbox"/> yes <input type="checkbox"/> No	
Date of birth (mm/dd/yy):	Age:	SS:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Current address:		City:	State:	ZIP Code:

Email:	Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
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PROGRAM(S) INFORMATION:	<input type="checkbox"/> OSHA COURSES	<input type="checkbox"/> WORKPLACE SAFETY COURSES	<input type="checkbox"/> GOVERNMENT SAFETY (SSHO)	<input type="checkbox"/> TESTING
	<input type="checkbox"/> MANAGEMENT COURSES	<input type="checkbox"/> CONSTRUCTION SAFETY (CSST/CSSS)	<input type="checkbox"/> NCCER SKILLED TRADE	<input type="checkbox"/> OTHER

Course Name:	Program Length (Hours):	<input type="checkbox"/> Day	<input type="checkbox"/> Night
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REFUND & FEES

In consideration of my acceptance as a student for the _____ program as the above date, I hereby enroll and obligate myself to pay to the order of **Southeastern Louisiana Technical College** \$ _____, to be paid as follows with signing of this enrollment agreement and the balance of \$ _____ to be paid as follows:

Three Business Day Cancellation: I understand that if for any reason I am unable to enter, all monies paid will be refunded if requested within three business days after an enrollment agreement and making an initial payment.

Cancellation After the Three Business Day Cancellation Period but Before Commencement of Classes by the student: Tuition or fees collected in advance of entrance and if the student does not begin classes, not more than \$150.00 shall be retained by **SLTC**. Refunds for a student who does not attend classes shall be made within 30 days of the notice of cancellation.

I understand that the Withdrawal After Commencement of Classes Refund Policy shall be:

- 1) After a student has completed less than 15% of the program, **SLTC** shall refund at least 80% of the tuition, less the registration fee, thereafter,
- 2) After a student has completed less than one fourth of the program, **SLTC** shall refund at least 70% of the tuition, less the registration fee, thereafter,
- 3) After a student has completed one fourth but less than one half of the program, **SLTC** shall refund at least 45% of the tuition, less the registration fee, thereafter,
- 4) After a student has completed one half or more of the program, **SLTC** may retain 100% of the stated course price.

Any unused portion of the book fee will be refunded. I certify that I have received a copy of the school catalog that contains: my program outline, schedule of tuition, fees, and other charges, the refund policy, regulations pertaining to the rules of operation and conduct, grading policy, description of job placement assistance, and general information. I further certify I have received and read a copy of this Enrollment and understand it is subject to representation only as expressed herein. I agree to comply with these policies during my period of enrollment in

<u>Charges:</u>		Entrance Date: _____
Registration fees	\$ _____	Other Information _____
Tuition	\$ _____	_____
Textbooks	\$ _____	_____
Miscellaneous	\$ _____	_____

Sponsoring Company:	Contact Person:	Title:
Email:	Phone:	<input type="checkbox"/> Office <input type="checkbox"/> Cell
Address:	City:	State: ZIP Code:

Note*

*I certify that my answers are true and complete to the best of my knowledge.
 I understand that false or misleading information in my application may result in my dismissal.*

Student Signature:

Phone:

Parent/Guardian Signature (If under the age of 18)

Phone:

FOR OFFICE USE ONLY

Date:		Date enrolled:
Application Fee Amount Paid:	Payment Type #:	
Processing Fee Amount Paid:	Payment Type #:	Course Enrolled:
School Representative:		Date:
Approval:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:

