

ENROLLMENT FORM

EVENING SHORT-TERM ADULT CLASSES
1621 Maple Drive, Midwest City, OK 73110
Phone: (405) 739-1712 Fax: (405) 739-1751

Enrollment Date _____

(Please Print)

Name _____ Social Security No. _____

Street Address _____ E-Mail Address _____

City/Town _____ ZIP _____

Home Phone _____ Work Phone _____ Cell/Pager _____

Date of Birth _____

Ethnic Origin (optional) American Indian/Native Alaskan

Employment History: Employed Presently Unemployed Unknown Never Employed Retired

Reason for Enrollment: to learn a completely new or different occupational skill for home and/or family use
 to upgrade or improve existing occupational skills other reason to maintain license or complete CEU requirements

I am enrolling in the following:

Course Number _____ Course Name _____
Start Date _____ Class Days _____ Class Time _____
Tuition _____ Book _____

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Start Date _____ Class Days _____ Class Time _____
Tuition _____ Book _____

Method of payment:

Cash _____ Check# _____ Other _____ Visa _____ MasterCard _____

Cardholder's Name _____

Card No. _____ Expiration Date _____

Send bill to company (letter of authorization required upon enrollment):

Company Name _____ Contact Person _____

Street Address or Post Office Box No. _____