



# Student Application: Remedial Class

Check box:

**4 Hour Remedial Class: \$100.00 4 Hours of classroom instruction**

\*Secretary of State Office will be sent notification once student completes remedial class

### Student Information:

Student First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

#### \*Student please initial on line after reading:

- Student guarantees above information on application is correct/current: \_\_\_\_\_(Initials)
- "The school will not refund any tuition or part of tuition if the school is capable and willing to perform its part of the contract": \_\_\_\_\_(Initials)
- Payment is due in full prior to start of class. No exceptions or student will be dropped from class: \_\_\_\_\_(Initials)
- Student will only receive credit for class if they complete all assigned work with a passing grade: \_\_\_\_\_(Initials)

Signature of Student: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Parent/Guardian Information: \*Students under age 18

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### \*Parent/Guardian please initial on line after reading:

- Student guarantees above information on application is correct/current: \_\_\_\_\_(Initials)
- "The school will not refund any tuition or part of tuition if the school is capable and willing to perform its part of the contract": \_\_\_\_\_(Initials)
- Payment is due in full prior to start of class. No exceptions or student will be dropped from class: \_\_\_\_\_(Initials)
- Student will only receive credit for class if they complete all assigned work with a passing grade: \_\_\_\_\_(Initials)

Signature of Parent/Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Office Use Only:

Payment Type: \_\_\_\_\_ Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Balance: \_\_\_\_\_