

PO Box 7344 / High Point, NC 27264 Phone: (336) 887-1165 / Fax: (336) 887-1107

ENROLLMENT APPLICATION

Please print this form and mail (with your check) or fax (with your charge card info) to us.

I would like to enroll in the	term opening:				
February 1-9, 2020	☐ June 13-21 2020 ☐ October	· 3-11, 2020			
diploma (if I qualify). Enclos class. The balance of \$119 the class I have chosen an deposit will apply toward an refundable.	61295.00 (US funds), which includes sed is my \$100.00 deposit to apply \$25.00 will be payable upon entering and that amount will be \$1095.00. If for other term I choose to attend. If I exactly as it appears on your driver's license and	toward my tuition school, unless I ch or any reason I am choose not to atte	and to reserve my s noose to pay the ba n unable to attend the end any future class	space in the above-marked alance <i>in full 14 days prior to</i> his term, it is agreed this \$100.0	10
(please print your name	exactly as it appears on your driver's license an	id social security card)			
Nick Name:	Date of Birth: (Month)	(Day)	(Year)		
Street Address:					
City:	State: _	Zip:			
Phone: (Home):	(Business):	·			
Email address:					
Method of Payment:	Amount Enclose	ed: \$			
Check Money C	Order Visa MasterCard	Discover	American Exp	oress	
Card Number:		Exp. Da	te:/		
CVV code (3 or 4 digit secu	urity code):	-			
Billing address:			· · · · · · · · · · · · · · · · · · ·		
City:	State:	Zip:		_	
Card Holder Name:					
Card Holder Signature:					