



Western Area Career & Technology Center

688-Western Avenue, Canonsburg, PA 15317 - 724.746.2890 - Fax 724.746.2608 - www.wactc.net

ADULT EDUCATION ENROLLMENT AGREEMENT

First Name _____ Last Name _____

Full Address _____

Home Phone / Cell Phone _____

Email Address _____

Enrolling In _____ Hours _____

Anticipated Start Date _____ Anticipated Completion Date _____

Amount Paid _____ Balance Due _____

Payment for courses MUST be paid in full prior to the start date of class.

Checks are to be made payable to **Western Area Career & Technology Center**

Master Card / Visa, Discover, American Express are also accepted.

Card Number _____ Valid thru _____ Three Digit Code _____

REFUND POLICY

Tuition will not be refunded after the second class session has met.

WACTC reserves the right to change the start and/or completion dates or to cancel a class.

Mail Completed Application To:

Western Area Career & Technology Center
Adult Education Department
688 Western Avenue
Canonsburg, PA 15317

Email to: jmccain@wactc.net

Signature _____ Date _____