



## 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

Signature \_\_\_\_\_ Date \_\_\_\_\_