

ADULT EDUCATION REGISTRATION FORM

NAME: _____ DATE : _____

ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE # _____ CELL PHONE # _____

BEST PHONE NUMBER FOR CLASS CANCELATION OR UPDATES: _____

EMAIL ADDRESS: _____

Emergency Contact Name: _____ Phone# _____

Course Name _____ Course start date: _____

Course Cost: _____

Payment Method:

- ☐ Cash
☐ Check # _____
☐ Card

PA inspection class, indicate category: ☐ Category 1 - Car/Light Truck
☐ Category 2 – Motorcycle
☐ Category 3 – Heavy Truck
☐ Category 4 – Enhanced
☐ Category 5 – Document Review

Please read and retain this refund policy:

- 100% refund if the student requests to cancel their registration 2 weeks prior to the start of class.
- No refund issued after the course begins.
- No refunds for “No Call/No Show” students, regardless of the reason.

I have read and understand the Refund Policy of the Clarion County Career Center Adult Education program.

Applicant's Initials: _____

How did you hear about this course? _____

Submit completed registration form by printing and mailing to:

**Clarion County Career Center
Adult Education
447 Career Lane
Shippenville, PA 16254**

Office Use Only:

Date Rec'd: _____ Registration Rec'd by: _____

☐ Paid in Full

☐ Partial Payment: Amt paid _____

☐ Amt paid _____

☐ Cash

☐ Check # _____