



ADULT EDUCATION REGISTRATION

OFFICE USE ONLY

Amount Paid: _____
 CASH CHECK # _____
 CC (last 4) _____
 Paid in full
 Partial payment; amount
Due: _____
Rec'd by: _____
Date: _____

NAME: _____ DATE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE NO: _____ CELL PHONE: _____

BEST PHONE NUMBER FOR CLASS CANCELLATION OR UPDATES: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT NAME: _____ PHONE NO: _____

COURSE NAME: _____ START DATE: _____

COURSE COST: _____ PAYMENT METHOD: Cash

Check # _____

Card

PA inspection class ONLY, 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 the completed registration form by printing and mailing it to:

Clarion County Career Center
Adult Education
447 Career Lane
Shipperville, PA 16254