## SCHOOL of LOCK

## School of Lock and Electronic Security



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## Student Enrollment Form

## STUDENT INFORMATION

Last Name	First Name		Middle Initial		
Mailing Address	City		State		Zip
	( )				
DCJS Number	( ) Work Phone		— <u> </u>	Date of Birth	(MM/DD/YY)
	COMPANY	INFORMA			(
Company Name	DCJS Number		Contact Name		
	( )		( )		
Company Email	Company Phone		Company Fax		y Fax
ENTRY LEVEL	COURSES	REQUES	STED		
Electronic Security Technician	30E & 35E	14 Hrs	250.00	Dates	
Electronic Security Sales	30E & 39E	8 Hrs	125.00		
Sales & Technician Combo	39E, 30E, & 35E	18 Hrs	350.00		
Locksmith	25E	18 Hrs	275.00		
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lasses are provided online. Result	is are submitted to Di	CJS nightly. V	isit us at sch	OOIOTIOCK.COI	m for more inform
	DAVMENT	NEODMA	TION		
	Payment must be i	_	_		
Visa	Credit Card Number				
MasterCard	Expiration Date		Code		
American Express	Name on Card				
	Zip C	Code _			
Check # Name on Checking Account			Make payable to School of Loc and Electronic Security		
SEND CONFIRMATION LETTER	BY: Mail _ Fax:	:	E	-Mail:	

**REFUND POLICY** 

Refunds are available if the enrollment is cancelled at least 48 hours before the start of class.