



Student Name: \_\_\_\_\_  
First M.I. Last

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SSN # (required by state): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*If Applicable*

GA RE Lic. #: \_\_\_\_\_ GA APP Lic. #: \_\_\_\_\_ Other Lic. #: \_\_\_\_\_

Requested Course(s): \_\_\_\_\_

Start Date: \_\_\_\_\_ Registration Fee\*: \_\_\_\_\_

Check Check #: \_\_\_\_\_  Money Order  Cash - Rec'd By: \_\_\_\_\_

Credit Card: Visa MasterCard Discover

Credit Card#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CID # \_\_\_\_\_

Cardholder: \_\_\_\_\_

Signature: \_\_\_\_\_

*\*Subject to School Refund Policy - Available from school office and posted online at [www.education-area-ga.com/school\\_policies](http://www.education-area-ga.com/school_policies)*

**SCHOOL REGISTRAR ONLY :**

Received By: \_\_\_\_\_ DT: \_\_\_\_\_ Entered into Database by: \_\_\_\_\_ DT: \_\_\_\_\_

Email with School Info (*Policies, Class Schedule*) Sent by: \_\_\_\_\_ DT: \_\_\_\_\_

Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Processed Date: \_\_\_\_\_ By: \_\_\_\_\_