



Adult & Community Education Columbus City Schools

Program Application 2010 – 2011

Program: Practical Nursing STNA Office Systems Specialist
 Auto Mechanics HVAC Stationary Engineering
 Other: _____

Today's Date: _____ **Program Start Date:** _____

Last Name: _____ **First Name:** _____ **M.I.:** _____

Social Security Number: _____ **E-mail:** _____

Street: _____ **City/State:** _____ **Zip:** _____

Phone: () _____ - _____ **Cell Phone:** () _____ - _____

- If you are paying your deposit* by check or money order, a receipt will be issued immediately upon processing. If you are paying by credit card, a receipt will be issued upon approval of the charge.
- We reserve the right to reschedule or cancel any course that does not meet our minimum enrollment requirements. If a course is cancelled or rescheduled, all fees paid are subject to reimbursement or transference, upon presentation of a receipt.
- The Columbus City Schools does not discriminate on the basis of race, color, national origin, religion, sex, or disability with regard to admission, access, treatment, or employment. This policy is applicable to all district programs and activities.

Signature: _____ **Date:** _____

For Office Use Only

Staff: _____ **Date:** _____ **Amount received:** \$ _____ **Receipt #:** _____ **STID#** _____

Check MO Credit Other: _____ **Reference #:** _____

TEAS: R _____ M _____ E _____

*Deposit Amounts:
PN: \$200
All others: \$100