



ENROLLMENT FORM
 PO Box 1388 Ocala, FL 34478
 (352) 237-2111 ext. 1468 Fax (352) 291-4430

FOR CLASS LOCATION AND BILLING INFORMATION PLEASE SEE THE BACK OF THIS FORM

Have you previously enrolled at CFCC? Yes No **PAYMENT IS REQUIRED AT TIME OF ENROLLMENT**

ID: <i>FOR COLLEGE USE ONLY</i>		Social Security #:
Last Name:	First Name:	Middle Initial:
Mailing Address:		
City:	Zip Code:	Home Telephone #:
Business/Cell Telephone #:		E-mail Address:
Permission to e-mail College information: Yes <input type="checkbox"/> No <input type="checkbox"/>		Special accommodations required: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify:

Sex: Male Female **Citizenship:** USA Non-Resident Resident Alien

Race: Asian/Pacific African American Hispanic Native American Caucasian

Date of Birth: _____

How did you find about this class? Schedule Booklet Newspaper Ad Program Brochure
 Website Instructor Word of Mouth Other : _____

COURSE No.	SECTION	COURSE TITLE	TERM	YEAR	FEE

IF YOU DO NOT ATTEND THIS CLASS AND HAVE NOT DROPPED IT PRIOR TO START, YOU WILL BE CHARGED.
TOTAL DUE: _____

PARENT EDUCATION AND DRIVING CLASSES ONLY:

1. DIVORCE: Case #: _____ Judge's name: _____

2. BDI CLASSES : Citation # _____ Driver's License #: _____
 County: _____

Check _____ (make payable to CFCC) Cash Money Order

Charge my: Mastercard Visa Discover American Express

Account Number _____

Signature (card holder): _____ **Expiration Date** _____

REFUND REQUEST MUST BE MADE IN WRITING PRIOR TO THE END OF THE SECOND CLASS. NO REFUNDS FOR COURSES WITH FEES OF \$5.00 OR LESS, OR FOR ONE-DAY WORKSHOPS, OR SEMINARS ON OR AFTER THE EVENT. THERE ARE CLASSES WITH SPECIAL REFUND ROVISIONS. WHEN STUDENTS FAIL TO MEET REQUIREMENTS THEY MAY NOT BE ENTITLED TO A REFUND. PLEASE REFER TO THE CONTINUING EDUCATION TERM SCHEDULE.

Staff Person: _____

Date: _____