

R W CTS LTD.

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COURSE REGISTRATION STUDENT ENROLMENT FORM

NAME OF STUDENT _____

ADDRESS _____

PHONE NUMBER _____ FAX _____ EMAIL _____

NAME OF PROGRAM _____

DURATION _____ YEAR _____

START DATE _____ END DATE _____

Note: Registration Fee must be paid to hold students place in upcoming class. Full payment must be received 1 week prior to class commencement.

REGISTRATION FEE \$250 **Non-refundable**

TUITION FEE _____

Minus registration fee _____

TOTAL PAYMENT DUE _____

Date _____

Student name- please print _____

Signed _____

Parent or Guardian (if student is under 19) _____

Institution Representative _____