



EDUCATION TRANSACTION FORM

Please fill out contact information and the section(s) that pertain to you.

Student Name: _____

Main Contact Name: _____
(Parent/Guardian, if under 18)

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

MAKE-UP

Missed Class Name/Date/Time: _____

Make-up Class Name/Date/Time: _____

Reason for the Missed Class: _____

Please turn this form in to the instructor before class.

Instructor's Signature

Instructor: Please return to Patron Services

Date

TRANSFER

After the start of classes all transfers must include instructors' signatures. If this is the same instructor, the instructor needs to sign the form twice. After the start of classes, no transfers will be allowed without the approval of the instructor(s). If you are transferring to a class with a different tuition amount you will be contacted by the Registrar regarding any additional amount due.

Please turn this form in at Patron Services or mail/fax to Attention: Registrar.

Current Class Name/Barcode/Instructor/Day/Time: _____

Instructor Signature (required): _____

New Class Name/Barcode/Instructor/Day/Time: _____

New Instructor Signature (required): _____

Reason(s) for transfer: _____

Signature (parent or guardian if student is 18 or under)

Date

