

**Class Registration Form**

## **PLEASE PRINT CLEARLY:**

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| **Last Name:** | |  | | | | | | | | | | | | | | | |
| **First Name:** | |  | | | | | | | | | | | | | **Middle Initial:** | |  |
| **Street Address:** | |  | | | | | | | | | | | | | | | |
| **City:** | |  | | | | | | | | | **State:** | | **VA** | **Zip Code:** | |  | |
| **Home Phone:** | |  | | | | | | | | | **Alternate Phone:** | | |  | | | |
| **Employee ID#:** | |  | | | | | | | | | **Account Manager:** | | |  | | | |
| **DCJS ID# or**  **Social Security #:** | |  |  |  |  |  |  |  |  |  |  |  | **Date of Birth:** | |  | | |
|  |  | | | | | | | | | | | | | | | | |

## **CLASS/CERTIFICATION (circle course):**

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| **\_\_CHECK/MONEY ORDER#** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **\_\_PAYROLL DEDUCTION** |
| **\_\_CASH**  **\*\**Make checks/money orders payable to CVTA*** | **\_\_INCENTIVE PROGRAM** |
|  | |

## **Agreement and Signature:**

By my signature below I authorize **Coastal Virginia Training Academy** and any of its agents or employees to verify the information contained on this form. This form serves as a legal release for holders or custodians of any and all records pertaining to me to provide access to and copies of any records possessed by them. I also understand that ***all tuition and class fees are non-refundable***.

|  |  |
| --- | --- |
| Student Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Witness Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |