



AMERICA'S REAL ESTATE ACADEMY, INC.
 6199 HIGHWAY 92, SUITE 108, ACWORTH, GA 30102
 PHONE: 770-591-5552 FAX: 770-591-5379

COURSE REGISTRATION FORM

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

Former AREA student Data verified: By: _____

Email Address: _____

Street Address: _____

City: _____ ST: _____ Zip: _____

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____ Ext: _____

Date of Birth: _____ - _____ - _____ SSN # (required by state): _____ - _____ - _____

| | | |
|----------------------|----------------------|---------------------|
| <i>If Applicable</i> | | |
| GA RE Lic. #: _____ | GA APP Lic. #: _____ | Other Lic. #: _____ |

Requested Course(s): _____

Start Date: _____ Registration Fee*: \$ _____

Check Check #: _____ Money Order Cash – Rec'd By: _____

Credit Card: Visa MasterCard Discover AmEx

Credit Card#: _____ Exp. Date: _____

Cardholder: _____

Signature: _____

**Subject to School Refund Policy – Available from school office and posted online at www.education-area-ga.com*

SCHOOL REGISTRAR ONLY :

Received By: _____ DT: _____ Entered into Database by: _____ DT: _____

Email with School Info (*Policies, LOT, Class Schedule*) Sent by: _____ DT: _____

Materials: DT Picked Up: _____ Shipped VIA Fed/EX: _____ \$15 Shipping Fee

Collect at 1st Class

Processed: _____

Date: _____ By: _____