



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

NOTE: Past AREA students only need to complete any updated information.

Email Address: _____

Street Address: _____

City: _____ ST: _____ Zip: _____

County: _____

Cell Phone: _____ - _____ - _____ Daytime Phone: _____ - _____ - _____

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: _____ CID # _____

Cardholder: _____

Signature: _____

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

SCHOOL REGISTRAR ONLY :

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

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

Information: _____

Processed Date: _____ By: _____