

South Hills Learning Solutions Center

Application Form

NAME: _____ EMAIL: _____

COMPANY NAME: _____

ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____

(H) PHONE: _____ (W) PHONE: _____

	CLASS TITLE	CLASS START DATE	PRICE OF CLASS
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

Please complete and mail with check to: South Hills School of Business & Technology 480 Waupelani Drive State College, PA 16801	<table style="width: 100%;"> <tr> <td style="width: 80%;">Total Retail Price of Classes</td> <td>_____</td> </tr> <tr> <td>Amount Paid</td> <td>_____</td> </tr> <tr> <td>Total Due</td> <td>_____</td> </tr> </table>	Total Retail Price of Classes	_____	Amount Paid	_____	Total Due	_____
Total Retail Price of Classes	_____						
Amount Paid	_____						
Total Due	_____						

Students are registered on a first-come, first-served basis. Payment is expected at time of application to reserve your seat in class. South Hills reserved the right to cancel classes due to lack of enrollment. Money will be refunded for any class that is cancelled.

Signature Date