Southern California Technical College

6729, Princess Dr, LA, CA, 90042

Tele: (714) 272-4184

Enrollment Checklist

Dear Applicant,

To enroll in a course at Southern California Technical College, we need the following information.

Date Submitted
Admissions Officer Initials

1. Copy of current State of California ID or DL or Passport. _____
2. Copy of Social Security Card “OR” Copy of fingerprint clearance. _____
3. High School Diploma or Equivalent Documentation such as G.E.D,
   And any other academic certificates. _____
4. Completed application and enrollment forms. _____
5. Registration and Tuition Fees must be submitted and paid in full. _____

For us to process your application, we must have all the above information completed in your file.

Thank you for allowing Southern California Technical College to service your educational needs.

You will not be able to attend classes if your completed paperwork & Financial requirements have not been met prior to class start.

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Application

Welcome to our School.

To assist us in better serving your needs, please take a few minutes to complete this questionnaire. Your answers will be kept confidential Please complete all the information requested. Acceptance to our school is based upon desire to succeed. This acceptance is established by an in-person interview and evaluation by an Admission Representative.

Personal History

Name: _____ Sex: _____

Last First Middle Initial Maiden

Address: _____ Apt: _____

City: _____ Zip Code: _____

SS#: _____ Birth Date: _____ ID/DL #: _____

E-mail address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Where did you hear about our school? _____

What course of study are you interested in? _____

Education (Required):

Please indicate the highest grade achieved: _____

Name of School: _____

Address: _____ Did you graduate? _____

High School: _____ Date Received: _____

GED: _____ Date Received: _____

Current Employment:

Name of Employer: _____

Address: _____

Tel: _____ Fax: _____

Position: _____

Hours/Week: _____ Hourly Wage: _____

References:

1. Name: _____ Phone: _____

   Address: _____

   City/State: _____ Zip Code: _____

2. Name: _____ Phone: _____

   Address: _____

   City/State: _____ Zip Code: _____

Our school prides itself on its commitment to helping our students succeed in their chosen professions. We support you in your career quest. All information is given voluntarily to meet the requirement of the "Privacy Act of 1974." Please indicate that you have been apprised of your rights.

I Understand That by Completing This Application, The School Is Under No Obligation to Accept Me. It is agreed and understood that the answers to the foregoing questions have been supplied by me and are true and correct to the best of my knowledge and that any misrepresentation of the information given above shall be considered an act of dishonesty.

_____ _____

Your Signature Date

DO NOT WRITE BELOW THIS LINE

Date: _____

School Comments: _____

Southern California Technical College

Enrollment Agreement Summary

Student Name:_____

(Last Name) (First Name) (MI)

_____

_____Street Address Apt.# City State Zip Code

Student SS#:_____ **Student Contact Tel#:**_____

E-mail:_____

REGISTRATION FEE PER COURSE: $100 PLUS TUITION PER COURSE: $275 EQUALS = $375

Child Family & Community	Completion date __ /__ / ____	$275
Child Growth & Development	Completion date __ /__ / ____	$275
Infant / Toddler Development	Completion date __ /__ / ____	$275
Curriculum Theory	Completion date __ /__ / ____	$275
Child Health & Safety	Completion date __ /__ / ____	$275
Administration & Management	Completion date __ /__ / ____	$275
Preventive Health & Safety	Completion date __ /__ / ____	$99
Pediatric First Aid/CPR	Completion date __ /__ / ____	$99
Registration		$100

Workshop Name _____ Completion date __ /__ / ____ $_____

TOTAL FEES, CHARGES AND EXPENSES	
Total amount due:	
Less Deposit:	
Name Type of Adjustment:_____	
Optional UPS Handling Fees $25 Per Course:	
Student Recovery Fund Fee:	
Balance Due Upon Enrollment of Course:	

Transcript standard processing time is 5 business days from the date we receive your completed "Evaluation Form" from your professor.

Please note: we are unable to take responsibility for mail that has been lost. If you are concerned about a transcript's security during transit, we suggest you select Express Delivery (UPS available at your own expense - $25 per mailing) or pick your transcript up in-person. If your transcript was not received, and you had it sent via Express Delivery (UPS), please contact UPS, or check their online tracking to determine delivery status www.ups.com.

Please Initial: (_____)

Name:

_____

Address:_____

__

City:_____ Zip Code:_____

Employer Telephone #:_____ Fax #:_____

Required Student Initials

____ **School Refund Policy:** School will retain all registration fees and return only the tuition amount 30days from the date of agreement is cancelled in writing.

____ **All Rescheduling:** of courses must be requested in writing one week prior to the completion date, a $75 rescheduling fee must be submitted with request to reschedule.

____ **Course work must be completed within the 01 months (30 days) from the scheduled completion date.** If the course work is not completed within the agreed time length, students must re-register and re-submit their registration fees and tuition.

Student Signature: _____ Date:_____