

Haa Káak Hás Kahídi - Our Uncles' House

P.O. Box 25500, Juneau, Alaska 99802 | <u>generationssoutheast@tlingitandhaida.gov</u> <u>generationssoutheast.org</u> | (907) 463-7375

Student Enrollment Form

PARTI Stud	lent Information				
Full Name:	First	Middle		Last	
Mailing Address:	Street/P.O. Box	City		State	Zip
Social Security #:			Birthdate:		
Gender:			Race:		
Email Address:			Phone #:		

PART II Training Session Information

Course Name(s)	In Person/Virtual	Begin Date(s)	End Date(s)	Price	

Tuition Total =

PART III Payment Information

Organization:	If applicable					
Mailing Address:	Street/P.O. Box	City		Stat	te	Zip
Office/Program:						
Contact Person:						
Email Address:		Р	hone #:			
Cash or Check	Check #:			Amount:		
Purchase Order	Purchase Order #:					
T&H Account Code:	If applicable					
	Credit Card #:			Visa	AmEx	MasterCard
Credit Card	Expiration Date:			Security Code:		
	Name on Card:			Authorized Signa	ature:	

PART VI Applicant Signature

I certify that I have read and received all parts of this agreement and a school catalog. I understand it fully and agree to abide by its terms and the school's training policies. I further certify that this document and any documents incorporated by reference, contains all the terms of our agreement and that there have been no verbal promises or agreements made other than those stated herein. I Understand and agree that no guarantee of employment or any set wage is made or implied by the school.

Applicant's Signature:

Date: