



GENERATIONS SOUTHEAST

PRINCE OF WALES

6565 Boundary Road, Klawock, Alaska 99925
generationsseastpow@tlingitandhaida.gov
generationsseast.org
(907) 463-8019

Student Enrollment Form

PART I Student 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:	<i>If applicable</i>		
Mailing Address:	Street/P.O. Box	City	State Zip
Office/Program:			
Contact Person:			
Email Address:		Phone #:	
<input type="checkbox"/> Cash or Check	Check #:	Amount:	
<input type="checkbox"/> Purchase Order	Purchase Order #:		
T&H Account Code:	<i>If applicable</i>		
<input type="checkbox"/> Credit Card	Credit Card #:	<input type="checkbox"/> Visa <input type="checkbox"/> AmEx <input type="checkbox"/> MasterCard	
	Expiration Date:	Security Code:	
	Name on Card:	Authorized Signature:	

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:	
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