



**NORTH COUNTRY CAREER CENTER
ADULT EDUCATION**

209 Veterans Avenue
Newport, VT 05855
(802)334-5469, ext. 3309 or 3305
FAX (802)334-3492 Email ncccadulted@ncsuvt.org

Student Name							
Street or PO Box							
City		State		Zip		DOB	
Phone				Email			

COURSE TITLE	START DATE	TUITION

METHOD OF PAYMENT:

Check enclosed _____ Applying for VSAC _____ Applying for NCCC Tuition Assistance _____ Assistance Agency Funded _____ Employer Funded _____

***If an agency or employer is funding this course, please have them fill out page 2 of this form.**

**Tuition and texts must be paid for by the start of the first class unless a payment plan is arranged with our office.
Tuition will be refunded if course is cancelled due to low enrollment. There will be no refunds after attending the first class.**

_____	_____	Office use only Date Received _____ Payment Type _____
Student Signature	Date	

How did you learn about our course offerings? (Please circle one):

Newspaper Brochure Website Facebook Friend Employer Agency Other _____

Main reason for enrolling in the course? (Please circle one):

Acquire a specific skill	Obtain employment	Upgrade employment
Apprenticeship	Personal enrichment	Complete high school

*North Country Career Center is committed to providing a respectful learning environment for all. NCCC ensures equal employment and educational opportunities in compliance with federal and state law and does not discriminate on the basis of race, color, national origin, creed, age, disability, gender, sexual orientation, gender identity or marital status.

This page is to be filled out only if an agency or employer is funding the course(s)

Authorization & Payment Agreement

Student Name: _____

Class Title _____

Tuition _____ Textbook _____ Start Date: _____

Full amount will be paid: \$ _____

or

Amount not to exceed: \$ _____

***By signing this form, the sponsor agrees to pay NCCC Adult Education upon receipt of invoice.**

Name of Agency/Employer _____

Authorized by _____

Authorized Signature _____ Date: _____

Billing Address _____

Phone# _____ E-Mail Address _____

Received NCCC Adult Education _____