

**Class Name: Lead Worker Refresher\_ \_\_\_\_** **EMGC Training, Inc.** **Project # \_\_\_\_\_**

**Class Date: July 20, 2019**

412 Roosevelt Ave  
Derby, CT 06418  
Tel: (203) 924-9544  
sgiordano@emc1.com

**APPLICATION /ENROLLMENT FOR ADMISSION**

**Student Name** \_\_\_\_\_

**D.O.B.**        /        /        **SS#**        -        -        \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Employer Name** \_\_\_\_\_ **Work Contact** \_\_\_\_\_

**Employer Address** \_\_\_\_\_

**Home Tel:** \_\_\_\_\_ **Work Tel:** \_\_\_\_\_ **Cell No.** \_\_\_\_\_

**Email Student** \_\_\_\_\_ **Work Email** \_\_\_\_\_

**CANCELLATION AND REFUNDS**

School reserves the right to reject any application for admission or terminate the enrollment of any student for reasons of academics, attendance, conduct, arrears in payment, or not confirming to the rules and regulations of the school. In the event a student is terminated the school will notify the student in writing specifying the effective date of termination. The student shall have the right to cancel this agreement at any time.

**IN THE EVENT A STUDENT FAILS TO ENTER OR WITHDRAWS, TUITION AND OTHER FEES WILL BE REFUNDED AS FOLLOWS:**

1. In the event a student does not begin classes and cancels this agreement within 5 calendar days of signing this agreement, the student shall receive a full refund, or
2. In the event a student cancels this agreement after instruction has begun the school will retain the book fee. The last date of actual attendance will be considered the termination date for the purpose of determining tuition refunds.

Tuition refunds will be made as follows:

- a. If cancellation is affected prior to use of 50% of the total clock hours the school will refund 50% of the total tuition, or
  - b. If cancellation is affected after use of 50% or more of the total clock hours no refund will be made.
3. In the event the applicant is rejected by the school all monies paid will be refunded.

Any monies paid by the student to the school in excess of this sum will be refunded within 30 days.

**COMPLETION AND PLACEMENT ASSISTANCE:** A certificate of Completion will be issued only once the student has met all requirements including payment of all fees. It is understood that the school cannot guarantee or promise employment to any graduate.

**THE SCHOOL RULES AND REGULATIONS ARE FOUND IN THE SCHOOL CATALOGUE.**

My signature on this agreement is an acknowledgment that I have read and understand this agreement and the school catalog. I have not been made any promises contrary to the statements in this agreement and I agree to abide by the school rules. I acknowledge that I have received a signed copy of this agreement and a school catalog. This agreement becomes effective upon signing of applicant and school official.

**Student/Work**

**Signature** \_\_\_\_\_ **Date**        /        /        \_\_\_\_\_

**School**

**Representative**

**Signature** \_\_\_\_\_ **Date**        /        /        \_\_\_\_\_

