



Buckeye Career Center
Adult Education
 545 University Drive NE
 New Philadelphia OH 44663
 Phone: (330) 308-5720 / Fax: (330) 308-8958
 Toll Free: (800) 227-1665

Fees Payment Agreement

This agreement certifies that the following Responsible Party:

<i>Responsible Party Signature:</i>		<i>Title:</i>
<i>Company/Department:</i>		
<i>Billing Address:</i>		
<i>City:</i>	<i>State:</i>	<i>Zip</i>
<i>Phone:</i>	<i>P.O. Number:</i>	

Will be responsible for any related fees payable to Buckeye Career Center, Adult Education, 545 University Drive NE., New Philadelphia, Ohio 44663 for the following:

Student's Information

<i>Last Name:</i>	<i>First Name:</i>	<i>Middle Name:</i>
<i>Address:</i>		
<i>City:</i>	<i>State:</i>	<i>Zip:</i>
<i>County:</i>	<i>Birthday:</i>	<i>Social Sec. #:</i>
<i>Home Phone:</i>	<i>Cell Phone:</i>	<i>Work Phone:</i>
<i>E-Mail Address:</i>		

<u>Class</u>	
<u>Cost:</u>	

Classes can only proceed if a minimum enrollment has been satisfied. If your student registers, he/she is expected to attend class. If the student must withdrawal, he/she must do so one week prior to the first class. All but \$10 will be refunded for withdrawals done properly. All other withdrawals, no refund. If the student attends as little as one class then withdrawals, his/her company/department shall be responsible for full payment.

As the authorized representative of the above company/agency, I authorize Buckeye Career Center to bill the above company/agency for the required amounts.

I understand that the receipt of payment by Buckeye Career Center in no way guarantees that the student will pass the course, examinations or any State mandated test.

Responsible Party Signature:

<u>Title:</u>	<u>Today's Date</u>
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