



Ingleside at Home Academy
12191 Clipper Dr.
Lake Ridge, VA 22192
703-552-6140

Student Application/ Registration

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit #
City State ZIP Code

Phone: Email

Are you authorized to work in the U.S.? YES NO Have you ever been convicted of a felony? YES NO

If yes, please explain:

Education

Highest Level of Education Received : High School GED College

Other Training/Certifications Received

Table with 2 columns: Training Program/Certificate Title, Date Completed

Emergency Contact

Name : Phone:
Address: Relation:

### Acknowledgement of Fees

Registration Fee: \$ 50.00 (non – refundable)  
Course Fee: \$250.00  
Total Course Fee: \$300.00

By signing below, I acknowledge and understand that I am responsible for paying the above stated fees. I understand that the registration fee is non-refundable, even if I provide a notice of cancellation.

\_\_\_\_\_  
Student Signature

### Terms and Conditions

By signing below, I acknowledge and understand that I am responsible for completing the course requirements within thirty (30) days from the start of course. If I am unable to complete the course within the required timeframe, I understand that I forfeit paid course fees and will have to provide full payment of another course if I wish to continue the program. I understand that a certificate of completion will only be provided to me if I have completed and passed the course within the required time frame and that I have no outstanding fees. I acknowledge that passing the course does not guarantee employment with Ingleside at Home.

\_\_\_\_\_  
Student Signature

### Disclaimer and Signature

*By signing below, I certify that I have completed the application truthfully and to the best of my knowledge..*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only

Student ID # \_\_\_\_\_

Payment Info: \_\_\_\_\_