



**COMP TIA A+  
Certification**

**Classes Begin March 6, 2017**

**WORKIN  
APPROVED**

Last Name:		First Name:		Middle Name:	
Street Address:					
City:	State:	Zip	County	Email address	
Home Phone:			Cell Phone:		
Date of Birth:		Are you in need of assistance due to a disability?			
Sex:		Marital Status: S      M      W      D			
Employer:		Work Phone:			
Emergency Care Info:					
Name: _____ Relationship _____ Phone: _____					
<b>Make check payable to <u>Ohio County Community Foundation</u> (Due prior to start date)</b>					

<b>TOTAL COST: \$1500.00</b> (includes test vouchers)	DATE PAID	CHECK/CASH/VOUCHER	RECEIPT #
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Mail or Fax your registration to

**EDUCATION CENTER OF RISING SUN**  
P.O. Box 170, 591 SMART DRIVE  
RISING SUN, INDIANA 47040;  
812-438-2437; Fax 812-438-2472  
**CONTACT: Deborah Thomason dthomason@occfrising.sun.com**



To the best of my knowledge, the above information is complete and accurate. In case I am injured, I authorize the officials of the Education Center of Rising Sun to take the necessary actions to save my life. I agree to comply with the policies and practices of the Education Center of Rising Sun.. I understand that if I knowingly provide false information my enrollment may be revoked. I also grant the Education Center of Rising Sun permission to use my picture in publicity and on their website. No refunds after classes begin.

<b>X Student Signature:</b>	<b>Date:</b>
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