

Able Center for Training 510 Hempstead Tpke. West Hempstead, NY 11552 886 225-3697

ENROLLMENT AGREEMENT

STUDENT INFORMATION

| STUDENT NAME: | | D.O.B | |
|--|--|--|-------------------------|
| ADDRESS: | | | |
| CITY/STATE/ZIP: | | | |
| PHONE NUMBER: | | SS#: (last 4) | |
| Email Address: | | | |
| COURSE INFORMATION | | | |
| 8 HOUR PRE-ASSIGNMENT COU 16 HOUR OJT COURSE \$95 | JRSE \$55 | 47 HOUR FIREARMS COUSE FOR SECURITY GUARDS \$700 | ARMED |
| 8 HOUR ANNUAL IN-SERVICE \$5 | 55 | 8 HOUR ARMED ANNUAL IN-SERV | /ICE \$100 |
| REFUND POLICY Students who withdraw from a registered cla | ss. prior to the sta | art of instruction, will receive a 100% refund. | |
| REFUND POLICY | | | |
| Concerning courses split into two days, day to commencement of instruction on day two | one (1) and day to (2). | wo (2), a student will be entitled to receive a 50% fund if the cancellation occurs after the initial dea | |
| begins, but before instruction begins for the f s owed if the student cancels after the above | irearms handling, e cited firearms ha | and if the cancenation occurs after the littla deal, safety, proficiency, and qualification component andling component instruction has begun. Course second day. Courses divided into four sessions, the re | of the course. No refun |
| 50%, and 25%. A security guard training school c | annot assess any no | on-refundable fees or deposits. | |
| By my signature, I I also verify that I have read and rece | | , agree to the conditions of the fithe agreement and the school catalog. | |
| Student (printed) | | School Director (printed) | |
| Student's Signature | Date | School Director's Signature | Date |