



# ACADEMY ENROLLMENT APPLICATION 2024

## STUDENT INFORMATION

<b>Student Full Legal Name:</b>		<b>Nick Name (if different):</b>	
<b>Returning Student:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(if yes, update current pay per hour and any other changes from prior year.)</i>			
<b>Street Address:</b>		<b>City, State, Zip:</b>	
<b>Phone:</b>		<b>Personal E-mail:</b>	
<b>Date of Birth:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Answer		<b>Program:</b> <input type="checkbox"/> Classroom/In-House <input type="checkbox"/> eLearning <input type="checkbox"/> Fast Track <input type="checkbox"/> Other	
<b>Current Pay Per Hour:</b>		<input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC   <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4	
<b>Years of Education:</b> <input type="checkbox"/> Less than 9 <sup>th</sup> grade <input type="checkbox"/> 9-12 grade no diploma <input type="checkbox"/> High School graduate or GED <input type="checkbox"/> Some college or associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate or Prof. degree			<b>Veteran Status:</b> <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran
<b>Disability (optional):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Hispanic/Latino Ethnicity (optional):</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
<b>Race (optional):</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian, Other or Pacific Islander <input type="checkbox"/> White			
<b>Emergency Contact Name:</b>		<b>Best Phone:</b>	

## EMPLOYER / SPONSOR INFORMATION

<b>Employer / Sponsoring Company:</b>	
<b>Street Address:</b>	<b>City, State, Zip:</b>
<b>Phone:</b>	<b>Website:</b>
<b>Supervisor Name:</b>	<b>Supervisor E-mail:</b>
<b>Supervisor Title:</b>	<b>Supervisor Direct Phone:</b>
<b>Employer PHCC Status:</b> <input type="checkbox"/> Member <input type="checkbox"/> Non-Member	<b>DOL Apprentice Registration *</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

*\*Recruitment, selection, employment, and training of apprentices during their apprenticeship, shall be without discrimination because of race, color, religion, national origin, or sex. PHCC Georgia Academy encourages gender equality in students' selection of courses and/or programs, career choices, and personal decisions. Academy will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under Title 29, Code of Federal Regulations, Part 30. The AP Standards are available for review at [www.phccga.org](http://www.phccga.org). Students must be DOL registered to receive VA benefits.*

**I agree as Sponsoring Company or paying tuition:**

1. To be responsible for full payment of tuition fee 30 days prior to class start date.
2. Notify Academy in writing when a student ceases to be employed or is otherwise ineligible for continued company sponsorship.
3. I further agree to be responsible for all class fees for the current school year regardless of if the student attends the full year.
4. I understand that because of financial restraints of PHCC GA Academy, and because materials must be purchased up front, etc., no refunds are given.
5. To arrange student work schedule to permit regular on-time attendance of classes, unless unavoidably prevented from doing so.
6. NSF Fees \$30.00 per occurrence.

**Signature of Student Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Sponsoring Company:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*Prices shown for tuition only – other fees may apply, such as book fees or other purchases.*

**PLUMBING FAST TRACK**  **HVAC FAST TRACK\***

TUITION PER PERSON PER YEAR:  
 \_\_\_\_\_ \$2,895 MEMBER ONLY

Check (Payable to PHCC GA ACADEMY)

Credit Card:  Visa  MasterCard  AmEx  Discover

Credit Card Number: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

**PLUMBING E.LEARNING**  **HVAC E-LEARNING\***

TUITION PER PERSON PER YEAR: \$2,095 MEMBERS ONLY

**PLUMBING**  **HVAC CLASS ROOM/E-LEARNING + LABS\***

TUITION PER PERSON PER YEAR: \$2,895 MEMBERS ONLY

Exp. Date: \_\_\_\_\_ CSV: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_