

I C Faith

Ministries

2462 Anderson Highway

Williamston, SC 29697

864-840-9472

Adult Education Form 1

Student #: _____

Your Information

Name (Last, First, MI): _____

Age at enrollment: _____

Birth Date: _____

Last Grade Completed: _____

SSN: _____

Academic Information

Last School: _____

School District: _____

Phone # _____

Driver License Number _____

State where Drivers License is held: _____

NOTE: You must send a copy of your Drivers License or State ID card with this Agreement.

Address & Telephone Number

Street Address: _____

City, State & Zip: _____

Home Phone #: _____

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Adult Education Agreement

Date: _____

I, _____, agree to start Adult Continuing Education with IC Faith Ministries.

I have included \$60.00 in check, money order or cashiers check for my Annual Registration.

Signature of Adult Education Student

I understand that I am enrolling in I C Faith Ministries Adult Continuing Education Program to work towards obtaining my High School Diploma.

I understand that I have a full 30 days from the date of this agreement to cancel if I am not 100% satisfied for any reason at all.

I understand that I have to complete the Cancellation Form and return it within the 30 day period to be entitled to have my \$60.00 registration returned.

I understand that I receive a copy of the required Cancellation Form with this Enrollment Agreement.

If I do not complete the Cancellation Form and have it returned to I C Faith Ministries within the 30 day period, I forfeit my monies.

I further understand that I C Faith Ministries will send me books to borrow and I will be required to place a deposit of \$5.00 for each book.

And when I return these books in good condition with no writing in them, I will be entitled to receive my \$5.00 deposit back.

I understand that once I complete the required credits, I C Faith will send me a certified High School Diploma.

Signature of Adult Continuing Education Student

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Adult Education Cancellation Form

Adult Enrolled: _____

Date Enrolled: _____

Date Cancelled: _____

Reason: _____

I, am cancelling my agreement with IC Faith Ministries as of the date provided above and for reasons stated above. I understand that as of the date recorded above I am no longer enrolled at IC Faith Ministries and I have 30 days from the date I enrolled to cancel and receive a full refund. If this form does not arrive by postmark to I C Faith Ministries within the 30 days of the date I enrolled, I am not entitled to any monies.

Signature of Adult Education Student

Date Signed