# Brevard Adult Education CC Student Course Payment Form (In-State) Fall Term 2021 <br> AST2 - Cohorts 2 \& 3 

Student Name:
(Last Name)
(First Name)
(MI)

## Address:

$\qquad$

City: $\qquad$ State: $\qquad$ Zip Code: $\qquad$
Telephone Number: Email Address:
PSAV Program: $\square$ Automotive Technology I $\square$ Automotive Technology II
$\square$ Culinary Arts

PSAV Course: Automotive Engine Performance Technician
Course Number: AER0503

| Payment Plan Schedule: |
| :--- |
| Total <br> Course <br> Cost Full Payment Initial Down <br> Payment $\mathbf{1}^{\text {st }}$ <br> Installment <br> Payment $\mathbf{2}^{\text {nd }}$ <br> Installment <br> Payment $\mathbf{3}^{\text {rd }}$ <br> Installment <br> Payment $\mathbf{4}^{\text {th }}$ <br> Installment <br> Payment <br> $\$ 780.00$ $\$ 780.00$ $\$ 360.60$ $\$ 104.85$ $\$ 104.85$ $\$ 104.85$ $\$ 104.85$ |

Total Initial Down Payment: 40\% of In-State Tuition + Fees (\$699.00 x 0.40) + \$81.00
Total Fees: ASE Certification Fees: \$81.00, Student Identification Card: NA, Lab Shirts: NA

## Full Payment:

Due Date:_8/16/2021 Amt. Paid: $\qquad$ Date Paid $\qquad$
Down Payment: $\mathbf{4 0 \%}$ of total tuition is due prior to the first day of class.
$\qquad$ Date Paid $\qquad$

1st Installment of remaining balance, which is equivalent to $15 \%$ :
Due Date: 9/8/2021 Amt. Paid: $\qquad$ Date Paid $\qquad$
$2^{\text {nd }}$ Installment of remaining balance, which is equivalent to $15 \%$ :
Due Date:__10/8/2021__Amt. Paid: $\qquad$ Date Paid $\qquad$
$3^{\text {rd }}$ Installment of remaining balance, which is equivalent to $15 \%$ :
Due Date:__11/8/2021_Amt. Paid: $\qquad$ Date Paid $\qquad$
$4^{\text {th }}$ Installment of remaining balance, which is equivalent to $15 \%$ :
Due Date: 12/8/2021 Amt. Paid: $\qquad$ Date Paid $\qquad$

I understand that I will make these payments on time and without exception. If my balance is not paid by the above due date, I will not be allowed back to class and all monies will be forfeited.

Student Signature

## Date

Administrator or (Designee) Signature Date

The Brevard Public School District Board provides that no qualified individual shall, solely by reason of his/her race, color, national origin, sex (including sexual orientation, transgender status, or gender identity), disability (including HIV, AIDS, or sickle cell trait), pregnancy, marital status (except authorized by law), religion, military status, age, ancestry, or genetic information be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity in the District, except as otherwise provided by State law.

