

Brevard Adult Education CC Student Course Payment Form Spring Term 2021 AST2 – Cohort 2 & 3

| Student I | Name: | | | | | |
|-------------------------|---------------------------------|-------------------------|---|---|---|---|
| (Last Name) | | | (First Name) | | (MI) | |
| Address: | | | | | | |
| City: | | | State: | Zip Cod | e: | |
| Telephor | ne Number: | | Email A | ddress: | | |
| CC Progra | ams: 🗆 Aut | omotive Te | chnology I | ☐ Automo | tive Technol | ogy II |
| Course N | es: Automot umbers: AEI | R0503 | Performanco | e recnnician | | |
| Payment | Plan Schedu | le: | | | | |
| Total Course Cost | Full Payment | Initial Down Payment | 1 st Installment Payment | 2 nd Installment Payment | 3 rd Installment Payment | 4 th Installment Payment |
| \$778.00 | \$778.00 | \$358.60 | \$104.85 | \$104.85 | \$104.85 | \$104.85 |
| | Down Payment: ASE Certification | | | • | + \$34.00 + \$45.0 | O |
| Full Payme | ent: | | | | | |
| Due Date: <u>1</u> | L/19/21 Amt. | Paid: | Date Paid | | - | |
| Down Pay | ment: 40% of to | otal tuition plus | s fees are due pr | ior to the first d | ay of class. | |
| Due Date | <u>1/19/21</u> Amt | . Paid: | I | _ | | |

| 1st Installment of remaining balance, which is equivalent to 15%: | | | | | | | | |
|--|--------|--|--|--|--|--|--|--|
| Due Date: 2/5/21 Amt. Paid: Date | Paid | | | | | | | |
| 2 nd Installment of remaining balance, which is equivalent to 15%: | | | | | | | | |
| Due Date: 3/5/21 Amt. Paid: Date | e Paid | | | | | | | |
| 3 rd Installment of remaining balance, which is equivalent to 15%: | | | | | | | | |
| Due Date: 4/5/21 Amt. Paid: Date | Paid | | | | | | | |
| 4 th Installment of remaining balance, which is equivalent to 15%: | | | | | | | | |
| Due Date: 5/5/21 Amt. Paid: Date P | aid | | | | | | | |
| 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.