

# CITC ENROLLMENT AGREEMENT

Construction Industry Training Council of Washington 1930 116th Ave. NE, Bellevue, WA 98004  
Phone: (425) 454-2482 Fax: (425) 462-7391

## STUDENT INFORMATION

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_ Phone \_\_\_\_\_ Ok to receive notifications via Text?  Yes  No  
 Gender (check one)  Male  Female Are you a military veteran? (check one)  Yes  No

**Ethnic Background** - Your response will not affect admission to CITC, this information is used for statistical purposes only (check all that apply) **I was referred by (check one)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Asian                                  | <input type="checkbox"/> Black or African-American        | <input type="checkbox"/> Employer             |
| <input type="checkbox"/> Hispanic                               | <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Other Students       |
| <input type="checkbox"/> White                                  | <input type="checkbox"/> Native Hawaiian Pacific Islander | <input type="checkbox"/> Mailing              |
| <input type="checkbox"/> Other / Not Elsewhere Classified _____ |   | <input type="checkbox"/> Other/Specify: _____ |

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Emergency Contact

In case of emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## PROGRAM INFORMATION The school agrees to provide the following training (check one in each column)

Quarter	Program	Level	Location	Tuition
<input type="checkbox"/> Fall (Sep-Dec)	<input type="checkbox"/> Carpentry (14 WKS/56 HR)	<input type="checkbox"/> 1	<input type="checkbox"/> Bellevue	Eastern Washington \$951 \$ _____
<input type="checkbox"/> Winter (Jan-Mar)	<input type="checkbox"/> Electrical: Commercial Inside Wireman (13 WKS/72 HR)	<input type="checkbox"/> 2	<input type="checkbox"/> Bellingham	Western Washington \$1,268 \$ _____
<input type="checkbox"/> Spring (Apr-Jun)	<input type="checkbox"/> Electrical: Residential Wireman (12 WKS/72 HR)	<input type="checkbox"/> 3	<input type="checkbox"/> Kennewick	Heavy Equipment Program \$10,000 \$ _____
	<input type="checkbox"/> Electrical: Low Energy/Sound Tech (12 WKS/72 HR)	<input type="checkbox"/> 4	<input type="checkbox"/> Kingston	Laborers Prerequisites \$575 \$ _____
	<input type="checkbox"/> Heavy Equipment Operator (4 WKS/160 HR)	<input type="checkbox"/> 5	<input type="checkbox"/> Mt Lk Terrace	Laborers Program \$3,804 \$ _____
	<input type="checkbox"/> HVAC (13 WKS/72 HR)		<input type="checkbox"/> Port Orchard	<b>Tuition for this quarter:</b> \$ _____
	<input type="checkbox"/> Laborers (4 WKS/160 HR)		<input type="checkbox"/> Pullman	* Late fees if not paid by 1st day of class \$ _____
	<input type="checkbox"/> Painting (14 WKS/56 HR)		<input type="checkbox"/> Spokane	*See page 26 for Late Fees, Interest and Cancellation and Refund Policy.
	<input type="checkbox"/> Plumbing (14 WKS/72 HR)		<input type="checkbox"/> Tacoma	
	<input type="checkbox"/> Sheet Metal (14 WKS/72 HR)		<input type="checkbox"/> Vancouver	

**Agreement is Binding:** This agreement will be binding only when it has been fully completed, signed and dated by the student and an authorized representative of the school prior to the time instruction begins.

**Changes in the Agreement:** Any changes in this agreement shall not be binding on either the student or the school unless such changes have been approved in writing by the chief administrator or an authorized representative of the school and by the student.

**Effective Date of Acceptance:** I certify that I have read and understand the cancellation and refund policy and complain procedure as listed on page 26 of Course Catalog; I have received a copy of the school catalog or brochure; and I am entitled to an exact copy of this Enrollment Agreement, school catalog, and any other papers I sign.

**DEBT ACKNOWLEDGEMENT NOTICE:** Do not sign this agreement before you read it or if it contains any blank spaces. This is a legal instrument. All pages of the contract are binding. You are entitled to an exact copy of the agreement, school catalog and any other papers you may sign, and are required to sign a statement acknowledging receipt of those.

If you have not started training, you may cancel this contract by submitting written notice of cancellation to the school at its address shown on the contract no later than midnight of the fifth day (excluding Sundays and holidays) following your signing this contract, or the written notice may be personally or otherwise delivered to the school within that time. In event of dispute over timely notice, the burden to prove service rests on the sender.

It is unfair business practice for the school to sell, discount or otherwise transfer this contract or promissory note without the signed written consent of the student or student's parent or guardian if he/she is a minor and a written statement notifying all parties that the cancellation and refund policy continues to apply.

Student Signature \_\_\_\_\_  
 Print Name \_\_\_\_\_

As the authorized representative of the school, I hereby agree to the conditions set forth herein:

Authorized School Representative \_\_\_\_\_ Date \_\_\_\_\_  
 Title \_\_\_\_\_

This school is licensed under Chapter 28C.10 RCW. Inquiries or complaints regarding this or any other private vocational school may be made to: Washington Workforce Training & Education Coordinating Board, 128 10th Ave SW, PO Box 43105, Olympia, WA 98504-3104, Web: wtb.wa.gov, Phone: (360) 753-5662, Email: wtceb@wtb.wa.gov

**PLEASE READ AND SIGN REVERSE TO COMPLETE REGISTRATION**

**OFFICE USE ONLY**

Quarter \_\_\_\_\_ Start Date \_\_\_\_\_

Location \_\_\_\_\_ Room \_\_\_\_\_

Instructor \_\_\_\_\_

Registered  Invoiced \_\_\_\_\_

Confirm to Student  Credit \_\_\_\_\_

Personal Paid  Company Paid

Trust Auth/Date \_\_\_\_\_

PMT/Auth/Date \_\_\_\_\_

Application Received - Date Stamp

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## NOTICE

*This form must accompany all registrations*

**Washington law requires the following information to be supplied to each student enrolling in a private vocational school licensed under RCW 28C.10. One copy of this notice bearing original signatures must be attached by the school as an addendum to that individual's enrollment agreement and/or training contract and a facsimile thereof or a second signed copy must be provided to the enrollee by the school together with his/her copy of that contract/agreement.**

## ACKNOWLEDGMENT BY STUDENT

I understand and accept that any contract for training I enter into with the above-named school contains legally binding obligations and responsibilities.

I understand and accept that repayment obligations will be placed upon me by any loans or other financing arrangements I enter into as a means to pay for my training.

I understand that the enrollment contract I enter into shall not be binding or take effect for at least five days, excluding Sundays and holidays, following the last date such a contract is signed by the school and myself, provided that I have not entered classes sooner.

Printed Name \_\_\_\_\_

Student Signature \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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## ACKNOWLEDGMENT BY SCHOOL

Prior to being enrolled in this school, the applicant whose name and signature appears above has been made aware of the legal obligations he/she takes on by entering into a contract for training. Those discussions included cautions by the school about acquiring an excessive debt burden that might become difficult to repay given employment opportunities and average starting salaries in his/her chosen occupation.

Printed Name \_\_\_\_\_

CITC Representative Signature \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_