5111 Lone Tree Way, Antioch, CA 94531
PH/FAX: (800) 886-8651 PH: (925) 754-2879
admin@passinstitute.com

APPLICATION FOR ADMISSION
EKG Technician Program

_____ _____ _____
Last Name MI First Name

_____ _____ _____ _____
Address City State Zip

(_____)_____ _____ _____
Mobile Phone# Email Social Security Number

Start date of class: _____ Total Number of Clock Hours to be completed: 50

FEES, CHARGES & EXPENSES (ALL FEES ARE NON-REFUNDABLE) Costs paid to school:

Registration Fee	-	$ 125.00 non-refundable
Tuition	-	1,295.00 non-refundable once class starts
Total paid to school		$1,420.00

*You are responsible for this amount. The school does not provide financial aid. If you get a student loan, you are responsible for repaying the loan amount plus any interest.

SCHEDULE OF PAYMENTS: Accepts Cash, Money order, Check, Visa, MasterCard.
Return check fee $35.00. Credit card charge 3% of paid amount

- O Full Payment $ 1295.00
- O 2 Installment payments (includes $15.00/installment fee)
  1st Installment: $ 662..50 …….. Due on First day of class
  2nd Installment: $ 662.50 …… Due Before completion of course

Your signature on this agreement acknowledges that you have read and understand this admission form.

Print Name: _____ Date _____

Signature: _____

SCHOOL USE ONLY

- O Copy of valid photo ID

_____ _____
School Staff Date