

TRULY INSPIRED INC

Class Registration Form

1. Student Information

Full Legal Name: _____

Date of Birth: ____ / ____ / ____

Phone Number: _____

Email Address: _____

Home Address: _____

City/State/Zip: _____

Last 4 of SSN (if required): _____

2. Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

3. Course Selection

Med Tech 6 Hour | Phlebotomy | Medical Assistant | EKG | CNA Prep | TEAS | HESI | Study Buddy

Start Date: _____ Class Time: _____

4. Payment Information

Total Tuition: \$ _____

Deposit Paid: \$ _____

Remaining Balance: \$ _____

Payment Method: Cash | Card | Zelle | Cash App | Payment Plan

Student Initials (Deposits Non-Refundable): _____

5. Required Documents

State ID | HS Diploma or GED | CPR (if required) | Background Check (if required)

6. Agreement & Liability Waiver

I understand attendance, dress code, and payment policies.

Student Signature: _____

Date: _____