

LAS VEGAS SCHOOL OF FLORAL DESIGN

3275 Ali Baba Lane Suite #517

Las Vegas Nevada 89118

702-772-7839

Email info@JulieReedEvents.com

www.lvsfd.com

Student Enrollment Agreement

Student Name _____

Address _____

City/State/Zip _____

Telephone _____

Date of Birth _____ SSN _____

The individual identified, hereinafter referred to as the "Student", acknowledges enrollment in the following program(s):

<u>Program/Hours</u>	<u>Total Costs</u>
Basic Designer/40 Hrs	\$ _____
Advance Design/40 Hrs	\$ _____
Internship Program/40 Hrs.	\$ _____
Special Events/20 Hrs	\$ _____
Advanced Wedding Design/20 Hrs.	\$ _____
Armature & Structures /20 Hrs.	\$ _____
Registration Fee	\$ _____
Balance Due*	\$ _____

*Any balance due must be paid prior to the first day of the scheduled class unless prior payment schedule has been approved.

Student acknowledges that the first classes commences on _____ (date) at _____ (time), and will meet ____ days per week, on S M T W T F S (circle as appropriate).

The Las Vegas School of Floral Design does not guarantee employment and does not accept any prior experience or training as credit.

Student has enrolled under the catalog dated July 8, 2014, and understands that the policies, procedures, and requirements it contains are considered part of the enrollment agreement.

Student Signature/Date Signed

School Director Signature/Date Signed
Completion of the program.