



Start Date: _____

Completion Date: _____

Aspiras, LLC Registration Form

Name: Last _____ First _____ Middle/Maiden _____

(Check address type)

Address: Home _____
 Other mailing address
 Employer or Agency

City _____ State _____ Zip _____ County of Residence _____

Home Phone _____ Work _____ Cell _____

Email Address _____

Date of Birth (required) _____ 65 Years or Older

Race

- (1) White
- (2) Black
- (3) American Indian
- (4) Hispanic
- (5) Asian or Pacific Islander
- (6) Other/Unknown/Multiple

Gender (F) Female (M) Male (O) Other

Check Highest Grade Completed 0 1 2 3 4 5 6 7 8 9 10 11 12
OR

Check Highest Educational Level

- (--) GED
- (13) Adult High School Diploma
- (14) Post High School Vocational Diploma
- (15) Associate Degree
- (16) Bachelor's Degree
- (17) Master's Degree or Higher

Signature (Required) _____ Date _____



TUITION ASSISTANCE

Is your tuition being paid by an agency/organization? Yes No
If yes, what organization?

I give my permission for my company to know my attendance.

Signature (Required) _____

Employer Work Phone _____

Class Title _____ Dates _____ Days _____

Time _____ Location _____

If paying by check, please make checks payable to **Aspiras**. Mail payment and registration form to:

Aspiras
9716 Rea Road Ste B #714
Charlotte, NC 28277

If paying online, please submit payment and the registration form at www.aspiras.org



For Office Use Only

Class Start Date _____ Class End Date _____

Location _____ Tuition \$ _____ CPR Cards \$ _____

Other \$ _____

\$ _____ -- For Third-Party Billing (Authorization to bill on company/organization letterhead must be attached.)

Name of Organization _____

Withdrawal Date _____ Transfer to _____ Tuition/Fees _____

Refund Amt. \$ _____ Reason _____ Processed by _____

Date _____ Sent to B0 _____

Amt. Paid \$ _____ Registered by _____

Cash _____ Check Number _____ MO _____

Datatel Receipt by _____ Date _____

