

Walls Insurance and Securities School Enrollment Agreement

Please print clearly

Are you a former student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date
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Name	Date of Birth
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Address

City	State	Zip
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Home Phone	Work Phone
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Employer	Manager
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Course Registration (Check the courses you are taking)	Cost
<input type="checkbox"/> Insurance Pre-License <div style="display: flex; justify-content: space-between; margin-left: 20px;"> <div> <input type="checkbox"/> Life <input type="checkbox"/> Property </div> <div> <input type="checkbox"/> Disability (Health) <input type="checkbox"/> Casualty </div> <div> <input type="checkbox"/> Statutes <input type="checkbox"/> Long-Term Care [Section A] </div> </div>	<div style="border: 1px solid black; width: 100px; height: 25px; margin-left: auto;"></div>
<input type="checkbox"/> Variable Annuities and Variable Life Insurance <div style="display: flex; justify-content: space-between; margin-left: 20px;"> <div> <input type="checkbox"/> Series 6 & 63 <input type="checkbox"/> Series 6 </div> <div> <input type="checkbox"/> Series 63 </div> </div>	<div style="border: 1px solid black; width: 100px; height: 25px; margin-left: auto;"></div>
<input type="checkbox"/> Continuing Education	<div style="border: 1px solid black; width: 100px; height: 25px; margin-left: auto;"></div>

Course Title	Credits	Date	Cost

Payment:	Total Cost
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<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
#	Exp. Date	Signature			

Tuition is valid for six months from the date of this agreement. If you fail a pre-license exam, you may repeat the course for no additional cost. We do not offer financial aid placement assistance nor make any guarantees or claims for employment upon completion of this course.

Student Signature _____ **Date** _____

Walls Insurance and Securities School _____