



**Brevard Adult Education CC Student
Course Payment Form (In-State)
Fall Term 2021
AST1 – Cohort 4**

Student Name:

_____ (Last Name) _____ (First Name) _____ (MI)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number: _____ **Email Address:** _____

PSAV Program: Automotive Technology I Automotive Technology II
 Culinary Arts

PSAV Course: Automobile Services Assistor
Course Number: AER0014

Payment Plan Schedule:

Total Course Cost	Full Payment	Initial Down Payment	1 st Installment Payment	2 nd Installment Payment	3 rd Installment Payment	4 th Installment Payment
\$781.00	\$781.00	\$361.60	\$104.85	\$104.85	\$104.85	\$104.85

Total Initial Down Payment: 40% of In-State Tuition + Fees (\$699.00 x 0.40) + \$82.00

Total Fees: ASE Certification Fees: NA, Student Identification Card: \$5.00, Lab Shirts: \$77.00

Full Payment:

Due Date: 8/16/2021 **Amt. Paid:** _____ **Date Paid:** _____

Down Payment: 40% of total tuition is due prior to the first day of class.

Due Date: 8/16/2021 **Amt. Paid:** _____ **Date Paid:** _____

1st Installment of remaining balance, which is equivalent to 15%:

Due Date: 9/8/2021 **Amt. Paid:** _____ **Date Paid** _____

2nd Installment of remaining balance, which is equivalent to 15%:

Due Date: 10/8/2021 **Amt. Paid:** _____ **Date Paid** _____

3rd Installment of remaining balance, which is equivalent to 15%:

Due Date: 11/8/2021 **Amt. Paid:** _____ **Date Paid** _____

4th Installment of remaining balance, which is equivalent to 15%:

Due Date: 12/8/2021 **Amt. Paid:** _____ **Date Paid** _____

I understand that I will make these payments on time and without exception. If my balance is not paid by the above due date, I will not be allowed back to class and all monies will be forfeited.

Student Signature

Date

Administrator or (Designee) Signature

Date

The Brevard Public School District Board provides that no qualified individual shall, solely by reason of his/her race, color, national origin, sex (including sexual orientation, transgender status, or gender identity), disability (including HIV, AIDS, or sickle cell trait), pregnancy, marital status (except authorized by law), religion, military status, age, ancestry, or genetic information be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity in the District, except as otherwise provided by State law.