



**Brevard Adult Education CTC Student  
Course Payment Form  
Spring Term 2020  
AST1 – Cohort 2**

**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: Automotive Electrical/Electronic System Technician**

**Course Number: AER0360**

**Payment Plan Schedule:**

Total Course Cost	Full Payment	Initial Down Payment	1 <sup>st</sup> Installment Payment	2 <sup>nd</sup> Installment Payment	3 <sup>rd</sup> Installment Payment	4 <sup>th</sup> Installment Payment
\$778.00	\$778.00	\$358.60	\$104.85	\$104.85	\$104.85	\$104.85

**Total Initial Down Payment: 40% of Tuition + Fees (\$699.00 x 0.40) + \$79.00**

**Total Fees: ASE Certification Fees: \$79.00, Student Identification Card: NA**

**Full Payment:**

**Due Date:** 1/13/2020 **Amt. Paid:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_

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

**Due Date:** 1/13/2020 **Amt. Paid:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_

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

**Due Date:** 2/6/2020 **Amt. Paid:** \_\_\_\_\_ **Date Paid** \_\_\_\_\_

**2<sup>nd</sup> Installment of remaining balance, which is equivalent to 15%:**

**Due Date:** 3/6/2020 **Amt. Paid:** \_\_\_\_\_ **Date Paid** \_\_\_\_\_

**3<sup>rd</sup> Installment of remaining balance, which is equivalent to 15%:**

**Due Date:** 3/6/2020 **Amt. Paid:** \_\_\_\_\_ **Date Paid** \_\_\_\_\_

**4<sup>th</sup> Installment of remaining balance, which is equivalent to 15%:**

**Due Date:** 4/6/2020 **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.

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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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.