**SC School of Welding**

# Enrollment Application

**Student Information**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_ /\_\_\_\_
 First Last Middle Initial

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Street Apartment/Unit #

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 City State Zip Code

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_\_\_\_ SSN #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What course are you applying for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Emergency Contact**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Street Apartment/Unit#
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 City State Zip Code

**Medication Disclosure**

SCSOW must be made aware of any medications that impact the safety of fellow students and staff. Are you taking any medications that may impact the safety of fellow students or staff?
(Circle One) Yes / No
If yes; what medications are you taking? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acknowledgement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_
 Student Signature Date

**South Carolina School of Welding**0% Payment Plan Contract

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_(Classes begin)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle one: Student / Guardian

I, the undersigned, agree to make payments on the specified dates and the agreed amounts state on the payment schedule below to the South Carolina School of Welding (SCSOW). I understand the consequences that will be brought against me if the contract if violated. The penalties could include: account being turned over to collection agency, expulsion from the school, and/or prosecution in a small claims court. Upon default, I agree to pay any fees and costs that the chapter may incur in collecting my balance owed as well as a competitive interest rate on the amount owed.
**Total amount owed (beginning balance) ....................................................................... $15,000.00**

|  |  |  |
| --- | --- | --- |
| **Payment Amount** | **Balance After Payment** | **Payment Due Terms** |
| $1250.00 | $13,750.00 | Deposit (At Orientation) |
| $1,250.00 | $12,500.00 | Week 2 |
| $1,250.00 | $11,250.00 | Week 4 |
| $1,250.00 | $10,000.00 | Week 6 |
| $1,250.00 | $8,750.00 | Week 8 |
| $1,250.00 | $7,500.00 | Week 10 |
| $1,250.00 | $6,250.00 | Week 12 |
| $1,250.00 | $5,000.00 | Week 14 |
| $1,250.00 | $3750.00 | Week 16 |
| $1,250.00 | $2,500.00 | Week 18 |
| $1,250.00 | $1,250.00 | Week 20 |
| $1,250.00 | $0 | Week 22 |

 **No penalty for early payment or early payment payoff. This is minimum payment schedule accepted SCSOW**I agree that the above schedule of payments is an acceptable resolution to help retire my debt with the South Carolina School of Welding, and I remain current with this payment plan
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_
 Student/Guardian Date SCSOW Rep Date

# RELEASE OF LIABILITY - READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the South Carolina School of Welding course(s), its related events and South Carolina School of Welding (SCSOW) activities, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, acknowledge, appreciate, and agree that:
Name of Participant

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLDHARMLESS South Carolina School of Welding AND their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_
 PARTICIPANT’S SIGNATURE

# SCSOW Student Code of Conduct

Student Code of Conduct: SCSOW students are always expected to conduct themselves in a responsible manner. This includes respect for themselves, fellow students, faculty and staff. Disrespect will not be tolerated. Misconduct such as fighting, horseplay, use if illegal drugs or alcohol, or caring of weapons will not be tolerated. Student Code of Conduct and regulations will be signed by each student at the start of each course and will be posted in shop, classroom, and break areas. It will always be visible to all students.

1. Any possession, solicitation and/or use of drugs and alcohol will not be tolerated while on SCSOW property.
2. Prescription medication authorized by a physician and taken under direct orders will be the only exception. SCSOW must be made aware of any medications that impact the safety of fellow students and staff.
3. All students will be required to dress and work per industry standards. All PPE will be worn at all times, every day.
4. Students are only allowed to take breaks during allotted times and in locations approved by SCSOW.
5. Smoking is not allowed inside any SCSOW buildings. Smoking will be allowed only at specific locations approved by SCSOW.
6. Ear Buds, Cell phones and Loud Music Players are strictly prohibited during class and/or shop times. Cell phone use is allowed during approved break and lunch times.
7. Personal property is the responsibility of the student. SCSOW is not responsible for any missing or damaged personal property.
8. All students will be subject to random drug testing. Refusal to take a urine test will result in expulsion from school.
9. Students are required to adhere to strict safety standards. Students refusing to adhere to safety standards will be subject to expulsion.
10. Students are prohibited from bringing firearms into SCSOW’s training facility.

NOTE - A student will be dismissed for unsatisfactory conduct and will not be allowed to return to the premises. SCSOW reserves the right to terminate a student for unsatisfactory conduct both on and off SCSOW property.

**Acknowledgement**

I hereby acknowledge that I have read and understand the South Carolina School of Welding Code of Conduct and will be responsible for obtaining all future amendments and modifications thereto. I understand that violations of the Code of Conduct may result in disciplinary action including termination/expulsion from SCSOW.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

# Photographic Release

I acknowledge that the South Carolina School of Welding (“Releasee”) promotes its classes and programs through advertising media of various types and formats, some of which include the use of its student’s photographic images.

PHOTOGRAPHIC RELEASE. I CONSENT to being the subject of the photographs of RELEASEE, or any other person, together with any subject matter owned by RELEASOR, and authorize RELEASEE to use my image or cause the same to be exhibited, with or without advertising sponsorship, as still photos, transparencies, motion pictures, television, video, social media, or other similar media. I understand that the RELEASEE owns and retains the rights to all photographs, film, recording in any media, still images, photography, or television broadcasting or reproduction of images in any manner or form.

I RELEASE all claims for damages for libel, slander, invasion of privacy, or any other claim based on use of my image in any of the above described or similar materials.

I REPRESENT that I am of lawful age and legally competent to sign this Release; that I understand that the terms of this Release are contractual; that this Release shall be binding on my personal representative or estate, assigns, heirs and next of kin; and AGREE that if any part of this Release is found not to be legally binding on me, all other parts of this Release shall be binding on me and continue in full force and effect. All subsequent agreements and releases documents signed by the RELEASOR shall amplify and shall in no way limit the provisions of this document.

AGREED:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SC School of Welding**

**Student Handbook Release**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read the student handbook thoroughly and understand the rules and regulations of attending South Carolina School of Welding.

* Mission Statement
* Enrollment Procedures
* Orientation
* Courses Offered
* Course Descriptions
* Tuition and Equipment
* Attendance Policy
* Dress Code
* Progress Standards
* Termination Policy
* Academic Calendar
* Course Completion
* Grievance Procedures
* Withdrawal and Refund Policy

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

School Representative Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_