

**Dripping Springs Independent School District  
Community Education  
510 West Mercer  
Dripping Springs, Texas 78620  
(512) 858-3021**

Student's Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Student's Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Parent or Legal Guardian's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
High School Attending: \_\_\_\_\_

**CLASSROOM INSTRUCTION:**

**Number of Lessons: 16  
Length of Course: 32 hrs.  
Length of Lessons: 2 hrs.  
Course Rate: \$140.00**

**The sum of \$140 for Classroom Instruction is to be paid in full. Classroom instruction begins on \_\_\_/\_\_\_/\_\_\_ at \_\_\_pm to \_\_\_pm and is expected to end on \_\_\_/\_\_\_/\_\_\_ . All make up classroom assignments must be completed within two weeks of end of session. Parent's Initials \_\_\_\_\_**

**Refund Policy**

DSISD Community Education will refund the full amount of tuition, less a \$10 processing fee, when you cancel one week before the class begins. No refunds will be given after the scheduled class begins. Fees will not be prorated for late enrollment or missed classes. Confirmation of registration will not be sent. You will be contacted only if a class is full or canceled.

Students may be dismissed or barred from the class for rude, vulgar or disruptive behavior or for being generally inattentive during class, with no refunds given.

Students may be dismissed for excessive absences\* and/or failure to make up course work. No refunds will be given if a student is dismissed or barred from class.

On a rare occasion, it may be necessary to make a change to the class schedule due to last-minute scheduled meetings that require mandatory attendance by the instructor. Students will be informed of these changes as soon as they occur along with any necessary class make-up information.

**A student may have no more than 2 absences, which are required to be made up. Parent's Initials \_\_\_\_\_**



**Make-up options:**

- One absence: Make-up with assigned written work **or** attend make-up class at end of session.
- Two absences: Make-up with assigned written work **and** attend make-up class at end of session.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

If you wish to pay by credit card, complete the following information for credit card acceptance:

Please check your card type: _____ Visa  _____ MasterCard 	Office Use: Cash _____ Check _____ Money Order _____
Account # _____	Payment Received: Ck # _____ Date _____
Expiration Date: Month _____ Year _____ Amount Paid: \$ _____	Cash _____
Print name as it appears on your credit card: _____	
Authorization Signature: _____ Date: _____	