

Application for Enrollment
MILAN EXPRESS DRIVING ACADEMY

53 E.L. Morgan Drive Jackson, Tennessee
Phone (800) 645-2698 Fax (731) 423-5081
www.milanexpress.com

Please print clearly

Date You Wish To Enroll: _____		Social Security # _____	
Name: _____		_____	
(Last)	(First)	(MI)	
Mailing Address: _____			
Street	City	State	Zip
Home Phone: _____	Cell Phone: _____	Date of Birth: _____	
Your Email address: _____			
High School Diploma/ GED: () Yes () No If Yes, give date? _____			
What is your highest educational grade completed? _____			
Race: _____		Gender: () Male () Female	

How did you become interested in attending MEDA? _____

Please place a check mark next to each section below when completed.

- _____ Student has toured the institution and has been interviewed by school representative
- _____ Received an institutional catalog;
- _____ Was given the time and opportunity to review the institutional policies in the catalog;
- _____ Knows the length of the program for full time students in the academic terms and actual calendar time;
- _____ Has been informed of the total tuition and fee cost of the program;
- _____ Has been informed of the estimated cost of books and supplies such as a calculator, pencils, etc.;
- _____ Has been given a copy of the institutional cancellation and refund policy;
- _____ Student has been informed that any grievances not resolved on the institutional level may be forwarded to the Tennessee Higher Education Commission, Nashville, TN 37243-0830, (615) 741-5293.
- _____ I understand that the \$175 deposit is required to reserve my seat in class and is nonrefundable after I have taken a physical and drug screen with the MEDA's physician.

Signature of Director _____ **Date** _____

Signature of Student _____ **Date** _____

I understand that this program has specific entrance requirements.
I certify that all the information on this application is correct to the best of my knowledge.
I understand that if I enroll, I am responsible for the cost of my training program.