



Solomon Education Center

Address: 1951 152nd PI NE Suite 101

Bellevue, WA 98007

Phone: 425-640-9000 Fax: 425-458-9327

Email: sec@solomonschool.com www.solomoneducationcenter.com

Student Application:

Instruction:

Complete the Student Application and submit to Solomon Education Center.

Section I - Student Details

1. Personal details		
Last/Family Name		
First Name		
Date of Birth	D D M M Y Y Y Y	
Gender	Male □ Female □	
Address		
Email Address		
Phone Number		
Program Applying For		



Section II – Parent Details (if student is under 18 or not financially independent)

1. Applicant's Father			
Last/Family Name			
First Name			
Address			
Phone Number	Email Add	ress	
Occupation			
2. Applicant's Mot	ther		
Last/Family Name			
First Name			
Address			
Phone Number	Email Add	ress	
Occupation		·	



Section II – Financial Contract & Refund Policy

Applicant's Last/Family Name	
Applicant's First Name	
Name of Parent/Guardian Responsible	
for Applicant's Financial Obligations	
Relationship to Applicant	

Refund Policy: Payment received will not be refunded. However, sessions can be arranged upon approval by SEC. Tutoring session no-shows cannot be rearranged.

I have read and fully understand the refund policy and agree to abide by them. I understand that this obligates me financially for the program sessions in which I have enrolled at Solomon Education Center, even in the event that I or my child does not complete the program sessions.					
Parent/Guardian Signature					
Parent/Guardian Printed Name					
Date Signed	D D M M Y Y Y Y				

How did you hear about us?	
Promotion Code	

For Office Use Only	
Date Received	
Amount Paid	
Program Enrolled	