



124 W. Capitol Ave., Ste. 1560, Little Rock, AR 72201
(501)823-9179 - Fax (501)801-1803
www.ARSCR.com

ENROLLMENT AGREEMENT

COURSE TITLE: Voicewriting Method of Court Reporting - 36 Online Classes

ANTICIPATED START DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL ADDRESS: _____

SSN: _____

**EACH 9-WEEK BLOCK IS AVAILABLE FOR PURCHASE SEPARATELY
OR CAN BE PURCHASED AS A WHOLE TO TAKE ADVANTAGE OF DISCOUNT**

EACH BLOCK GRANTS YOU ACCESS FOR 90 CALENDAR DAYS
(Classes will always be extended upon request by the instructor.)

We accept personal checks, VISA and MC

Enrollment Fee: \$250 _____

Enrollment fee will be refunded if student is not admitted due to pre-test score.

BLOCK 1:	\$1,350	_____	CLASS 1-8 AND TEST CLASS 9
BLOCK 2:	\$1,350	_____	CLASS 9-17 AND TEST CLASS 18
BLOCK 3:	\$1,350	_____	CLASS 19-26 AND TEST CLASS 27
BLOCK 4:	\$1,350	_____	CLASS 28-35 AND TEST CLASS 36
ALL BLOCKS:	\$4,900	_____	

ALL BLOCKS: Purchased separately = \$5,400

Purchased together = \$4,900 - SAVE \$500!!

Upon signing this Enrollment Agreement, my application is made to become a student of Arkansas School of Court Reporting. I understand the payment schedule above that I have selected. I also understand that I am responsible for purchasing all of the equipment necessary for the class. I additionally have read and reviewed the Student Handbook and all refund policies stated therein.

SIGNATURE: _____ DATE: _____

For School Use Only	
School Official Signature	Date
Pretest Sent: _____	Date
Pretest Score: _____	Start Date: _____