



**ADULT EDUCATION & WORKFORCE DEVELOPMENT**

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Thomas R. Burns  
*District Superintendent/Executive Officer*

**Course Program Payment Agreement**

**STUDENT INFORMATION**

Name:		Phone:			
Address:					
City/Town:		State/Province:		Postal Code:	
<b>DOB:</b>		<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<b>E-Mail:</b>
<b>Job Status:</b>	<input type="checkbox"/> Employed Full-Time	<input type="checkbox"/> Employed Part-Time		<input type="checkbox"/> Unemployed	
<b>Ethnicity:</b>	<input type="checkbox"/> African	<input type="checkbox"/> African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	
<input type="checkbox"/> Latino	<input type="checkbox"/> Native American	<input type="checkbox"/> Pacific Islander		<input type="checkbox"/> White	
<b>Diploma Status:</b>	<input type="checkbox"/> Adv. Foreign Degree	<input type="checkbox"/> Advanced US Degree		<input type="checkbox"/> IEP	
<input type="checkbox"/> Foreign High School		<input type="checkbox"/> High School Equivalency Diploma		<input type="checkbox"/> No Diploma	
<input type="checkbox"/> U.S. High School Local		<input type="checkbox"/> U.S. High School Regents			

**FUNDING AGENCY INFORMATION**

Agency Name: Re-Imagine Grant	Phone:
Billing Address:	
<b>Authorizing Person:</b>	

Please select the item(s) that your agency is agreeing to fund for the above listed student.

Program	Dates	Tuition*	Books*	Sales Tax*	Other*
		<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	
		<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$
		<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$
		<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$
		<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$
		<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$
		<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$
		<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$
		<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$

Agency Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Note: Some programs may require additional supplies, which the student will be required to cover, books/ testing fees may vary. All students/agencies will be held responsible for full tuition unless withdrawal notice is given 72 hours prior the start of class.