**2025-26 CONTINUATION OF EDUCATION - ENZWEILER BUILDING INSTITUTE**

Full Legal Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_

EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I AM ENROLLING IN THE FOLLOWING CLASS FOR 2025-26:

\_\_\_\_\_Carpentry 2 ($4,075) \_\_\_\_\_Electric 2 ($3,175) \_\_\_\_\_Electric 3 ($3,250)

\_\_\_\_\_Electric 4 ($3,050) \_\_\_\_\_Facilities Maintenance & Remodeling 2 ($3,675) \_\_\_\_\_HVAC 2 ($3,725)

\_\_\_\_\_Masonry 2 ($3,825) \_\_\_\_\_Plumbing 2 ($3,775) \_\_\_\_\_Welding 2 ($4,475)

\_\_\_\_\_ Erlanger Campus \_\_\_\_\_ Covington Campus

**Enrollment Agreement:**

**\_\_\_\_\_(Initial here)** I understand that by submitting this form, I will be enrolled in my selected program of study for the 2025-26 school year without further correspondence from the school.

\_\_\_\_\_ **(Initial here)** I understand that classes and curriculum are subject to change at the institution’s discretion. Curriculum or instructor changes will not result in a refund.

***\_\_\_\_\_* (Initial here)** I agree to make all tuition and fee payments by the published deadlines.

            **(Initial here)** I have read and understand the **Withdraw and Refund Policy**:

**\_\_\_\_\_\_\_**I understand **ALL CANCELLATIONS MUST BE IN WRITING**.  ONLY A WRITTEN LETTER OR EMAIL TO THE DIRECTOR OF WORKFORCE DEVELOPMENT IS AN ACCEPTABLE FORM OF CANCELLATION.  No other form of cancellation will be accepted. Cancellations are only accepted when received prior to September 2, 2025 (the first day of the academic year).

\_\_\_\_\_I understand that I will receive a 100% refund of all tuition and course fees assessed if I cancel in writing more than 3 days after receipt of my application but prior to the first day of the academic year (September 2, 2025).

\_\_\_\_\_I understand that if I elect to discontinue (withdraw from) the training program **in writing** after the first or second night of class, I shall receive a 100% refund of all tuition and course fees paid and will be assessed a $150 termination fee.

\_\_\_\_\_I understand that if I elect to discontinue (withdraw from) the training program in writing after the second night of class, I will not receive any refund of any kind and will be assessed full tuition and course fees for the academic year.

\_\_\_\_\_I understand that if I fail to attend the first four nights of class without prior and specific approval from the Director of Workforce Development, I will be withdrawn from my program of study for non-attendance. All tuition and course fees paid will be returned, and I will be assessed a $150 termination fee.

\_\_\_\_\_I understand there is a process for resolving grievances and addressing complaints that is detailed in the EBI Student Handbook. I have the right and responsibility to follow that process should I have a complaint.

\_\_\_\_\_I understand there is a copy of the complaint and student protection policy from Kentucky Commission for Proprietary Education attached to this application. I further understand the process for addressing complaints is detailed in the EBI Student Handbook. I have the right and responsibility to follow that process should I have a complaint.

**\_\_\_\_\_\_(Initial here) A copy of this completed registration form shall be made available to me at any time upon request.**

Signature:                                                                                                       Date:

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For Office Use Only: Received by: Date:

**Filing a Complaint with the Kentucky Commission on Proprietary Education**

To file a complaint with the Kentucky Commission on Proprietary Education, a complaint shall be in writing and shall be filed on Form PE-24, Form to File a Complaint, accompanied, if applicable, by Form PE-25, Authorization for Release of Student Records.

The form must be mailed to the following address:

Kentucky Commission on Proprietary Education

500 Mero Street, 4th Floor

Frankfort, Kentucky 40601

The form can be found at [www.kcpe.ky.gov](http://www.kcpe.ky.gov).

**Existence of the Kentucky Student Protection Fund**

Pursuant to KRS 165A.450 All licensed schools, resident and nonresident, shall be required to contribute to a student protection fund. The fund shall be used to reimburse eligible Kentucky students, to pay off debts, including refunds to students enrolled or on leave of absence by not being enrolled for one (1) academic year or less from the school at the time of the closing, incurred due to the closing of a school, discontinuance of a program, loss of license, or loss of accreditation by a school or program.

**Process for Filing a Claim Against the Kentucky Student Protection Fund**

To file a claim against the Kentucky Student Protection Fund, each person filing must submit a signed and completed Form for Claims Against the Student Protection Fund, Form PE-38 and provide the requested information to the following address: