



THE COUNSELING CENTER

P.O. BOX 1886
ALAMOGORDO, NEW MEXICO 88311-1886
(575) 488-2500

DWI School Enrollment Form Tuition - \$175.00

Today's Date _____

Name _____

First

Mi

Last

Mailing Address: _____

Street

City

State

Zip

Social Security Number: _____ Date of Birth: _____

Email Address: _____

Contact Phone Numbers: (Very Important)

Home # _____ Cell # _____ May we leave a message: _____

Emergency Contact# _____ Name of Contact Person _____

_____ Court Sentencing Date

_____ Blood Alcohol Level (BAC results)

_____ Driver's License Number and State

_____ Name of Sentencing Judge and Court

YOU ARE NOT PUT ON A CLASS ROSTER UNTIL THE TUITION OF \$175.00 IS PAID IN FULL

I am unable to pay the tuition in full today; but will be making the following payment arrangement:

\$ _____ (Weekly), (Every bi-weekly), (Monthly), beginning on _____ date.

THE TUITION MUST BE PAID IN FULL BY THIS DATE: _____

***Signature of DWI Student _____

_____ The Counseling Center Staff Signature

Office Use Only

_____	\$ _____	\$ _____	_____	_____
Date	Amount Paid	Balance	Receipt#	Staff Initials

_____	\$ _____	\$ _____	_____	_____
Date	Amount Paid	Balance	Receipt#	Staff Initials

_____	\$ _____	\$ _____	_____	_____
Date	Amount Paid	Balance	Receipt#	Staff Initials

_____	\$ _____	\$ _____	_____	_____
Date	Amount Paid	Balance	Receipt#	Staff Initials

Notes: _____

Certificate# _____ Date of Certificate _____