

For Government

1. Complete the attached enrollment application. Be sure to list the class(es) you would like to attend on the enrollment application. Please include the dates and location of the class as well.
2. If the student has an active security clearance, a visit letter is required.
3. Get funding approval for the course from your command.
4. Send the following to LSI:
 - A. Complete Enrollment Application (2 pages total)
 - B. Refund Affidavit Form
 - C. Check, Credit Card Payment, Funding Form, GI Bill Information
 - D. One time enrollment fee - \$100 (for all courses within 7 years)
 - E. Visit letter if applicable.

Funding forms must contain a document number, billing address, correct amount for tuition and must be signed in the appropriate places.

Upon completion of this application process, you will be sent a letter of confirmation. The letter of confirmation will contain hotel and scheduling information. The letter will be sent to the address listed on your application form.

FUNDING INFORMATION MUST BE PROVIDED WITH APPLICATION TO RESERVE A SEAT.

Form of Payment

- Check (Payable to Lockmasters Security Institute) Government Funding Form GI Bill (Submit Certificate of Eligibility)
 Visa Mastercard Discover American Express

Card Number _____ 3 or 4 digit security code _____

Expiration Date _____ Total Amount _____ Signature _____

Card Holder's Name _____

Card Holder's Billing Address _____ Suite # _____

City _____ State _____ Zip _____ Country _____

Contact Person _____ Phone Number _____ Fax Number _____

Receipt Yes No Fax email email address _____

Cancellation and Refund Policies

Consumer's Right of Cancellation

You may cancel this contract without penalty or obligation within 10 business days from the date you signed this contract.

You may also cancel this contract if, upon a doctor's order, you cannot physically receive the services, or you may cancel the contract if the services cease to be offered as stated in the contract. If you cancel this contract for either of these reasons, the seller, Lockmasters Security Institute, may keep only a portion of the tuition or contract price.

You may notify the seller of your intent to cancel by notice to:
Lockmasters Security Institute
1014 South Main Street
Nicholasville, KY 40356

This contract or note is for future consumer services and puts all assignees on notice of the consumer's right to cancel under Kentucky's fair trade practices rule.

You may also cancel at any other time and qualify for a refund in accordance with the refund policy by calling LSI at the phone number listed below:
Lockmasters Security Institute: 859.887.9633 or 866-574-8724

Refund Policies

If LSI receives verbal notice of cancellation 10 business days from the class start date, LSI will refund, in full, all money paid.

If LSI receives verbal notice of cancellation less than 10 business days prior to class start date the student will be charged full tuition and can re-schedule for a future date, based on space availability.

If an applicant is not accepted into LSI's Training program, we will also refund, in full, all money paid.

LSI reserves the right to cancel a class due to insufficient enrollment. You will be notified and a full refund will be issued.

Travel & lodging are not included in price of course.

No Show Policy

If a student does not show for the start of a class, full tuition will be forfeited.

Yes, I wish to apply for college credits through Lockmasters Security Institute.



Admission Application

ALL QUESTIONS MUST BE ANSWERED. PLEASE PRINT OR TYPE.

LSI reserves the right to refuse any application. It is my understanding that I will be thoroughly investigated before I begin the course. I understand that without the down payment/deposit or the appropriate government forms, my application will not be accepted. A faxed application will be accepted, but originals must be mailed or hand-delivered.

FULL NAME Last _____ First _____ Middle _____

SOCIAL SECURITY NUMBER _____ DRIVERS LICENSE NUMBER _____

SEX (Check One) Male Female

CITIZENSHIP STATUS USA Naturalized Alien (Temporary) Alien (Permanent)

If not a US citizen, what is your Visa type? _____

MILITARY STATUS _____ Will you be receiving veteran's benefits? Yes No

HOME ADDRESS Street _____ City _____ State _____ Zip _____

EMPLOYER NAME _____ Title _____

COMPANY ADDRESS _____ City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____ Home Phone (_____) _____

Cell Phone _____ email _____

Which LSI course(s) will you be attending?

Course Name _____ City/State of Class _____ Date _____

Course Name _____ City/State of Class _____ Date _____

Course Name _____ City/State of Class _____ Date _____

Your name as you wish it to appear on your certificate

First _____ Middle _____ Last _____

DATE OF BIRTH Month _____ Day _____ Year _____ Age _____

PLACE OF BIRTH City _____ County _____ State _____

GENERAL INFORMATION Height _____ Weight _____ Hair _____ Eye _____

Visible Scars or Tattoos - Describe _____

EDUCATION (Check highest year completed): 8 9 10 11 12 College 1 2 3 4 Other _____

High School Attended _____ City _____ State _____

High School Graduation or GED completion date _____

Other Post-secondary Institutions attended and dates _____

College _____ City _____ State _____ Dates Attended _____

College _____ City _____ State _____ Dates Attended _____

College _____ City _____ State _____ Dates Attended _____

RESIDENCY STATUS: Kentucky How long have you lived in Kentucky? _____ Non-Kentucky

Admission Application Continued



Have you ever been convicted of a felony? Yes No If yes, explain _____

Do you have security clearance? Yes No Facility Issuing Clearance _____

Have you ever had a security clearance suspended, denied or revoked? Yes No

If yes, give location and dates _____

List your last previous residence and approximate dates of residence

Street _____ City _____ State _____ Zip _____

Date from _____ to _____

List your previous two employers in most recent order

Name _____ Position _____

Dates of Employment from _____ to _____ Supervisor _____

Street _____ City _____ State _____ Zip _____

Phone Number (_____) _____

Name _____ Position _____

Dates of Employment from _____ to _____ Supervisor's Name _____

Street _____ City _____ State _____ Zip _____

Phone Number (_____) _____

Refund Affidavit Form - Signature Required

In signing this enrollment agreement, I certify that I have received a copy of the refund policy and have read all parts of the agreement carefully. I hereby agree to follow LSI's policies and abide by the terms of payment arranged on this enrollment agreement. I, the undersigned, do hereby swear and affirm that all statements on this enrollment application are true to the best of my knowledge. I understand that I may be thoroughly investigated and I further understand that willfully withholding information or making false statements on this application will be the basis for dismissal from LSI's training program. I further swear and affirm that I have never been convicted of the crime(s) of Burglary, Breaking and Entering, Robbery, and/or Grand or Petty Larceny. Further, I solemnly swear that I will use this information only in the discharge of my duties; that I will never use my knowledge of this subject to aid and abet in the commission of a crime.

Applicant's Signature

Date Signed

LSI School Official

Date Signed

Digital Signature

Fax Enrollment Application to 859.887.0810 or Call Toll Free 866.574.8724