



Office of Admissions
105 East Main Street
Leesburg, Florida 34748
Phone (352) 638-9731
Fax (352) 787-0796
admissions@beaconcollege.edu

Intent to Enroll

1. Student Information:

Yes, I plan to enroll at Beacon College in spring/fall of year

I do not plan to enroll at Beacon College. I will be attending: _____

Student's Full Name: _____

Student's Date of Birth: ____ / ____ / ____

Student's SSN: _____ - _____ - _____

2. Financially Responsible Party:

Financially Responsible Party's Full Name: _____

Mailing Address: _____

Billing Email Address: _____

Primary Phone: (_____) _____ - _____ Alternate Phone: (_____) _____ - _____

Please note: Additional documentation (including medical, immunization, and housing forms) is required PRIOR to New Student Orientation. For specific details, or to download these forms, please visit the "Accepted Student" page under the Admissions tab: www.BeaconCollege.edu or contact the Office of Admissions for more details.

3. Enrollment Deposit:

My non-refundable enrollment deposit of \$425 is enclosed.

My non-refundable enrollment deposit of \$425 has been paid on-line from the link:
<https://www.beaconcollege.edu/admissions/students/accepted-students/>

Signature of Student

Date

Signature of Financially Responsible Party

Date