## New Horizons Enrollment Form

NH enrollment confirmed

**Enrolled in WD** 

Comple	eted by Employee:				
Name		Employee ID			
Agency		Phone			
Email					
Course	Information		Date	Date 2	Time
Name					
Link			Price	\$	
Select you	ır top two dates for course enrollmeı	nt.			
Completed by Supervisor:					
eDAS or I3/String:					
Supervis	or Signature:				
Comple	eted by PDS:				

