

REGISTERED BY:

PHONE \_\_\_\_\_

PERSON \_\_\_\_\_

FAX \_\_\_\_\_

### ADULT EDUCATION REGISTRATION

COMPLETE ONE FORM FOR EACH COURSE.

Course #	Course Title	Day and Time	Location	Start Date	Fees

WHEN YOU REGISTER AND PAY BY MAIL, ASSUME YOU HAVE BEEN ACCEPTED UNLESS NOTIFIED TO THE CONTRARY. NO RECEIPTS ARE MAILED. PLEASE REPORT ON THE FIRST SCHEDULED CLASS NIGHT.

Last Name

First Name

Mailing Address

City

State

Zip Code

Home Phone

Business Phone

Cell

Date of Birth

Credit Card: Visa/Master Card

Expiration Date

EMAIL ADDRESS:

1 - White, not of Hispanic Origin

3 - Hispanic

5 - American Indian or Alaskan Native

2 - Black, not of Hispanic Origin

4 - Asian or Pacific Islander

6 - Non-resident alien

7 - Other

Sex \_\_\_\_\_ U.S. High School Diploma or Equivalent: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE.

Amount Received: \_\_\_\_\_ Money Order No. \_\_\_\_\_

Received By: \_\_\_\_\_ Date \_\_\_\_\_ Receipt No. \_\_\_\_\_

Make money order payable to: Rockland BOCES

Mail to:

Adult Education Supervisor  
BOCES

131 Midland Avenue N.  
Nyack, N.Y. 10960

With Visa or MasterCard  
Fax # 845-348-3559

IF REFUND REQUEST IS RECEIVED IN WRITING 24 HOURS BEFORE THE 1<sup>ST</sup> DAY OF CLASS, TUITION & FEES WILL BE REFUNDED. NO REFUNDS AFTER THIS TIME. A \$10.00 PROCESSING FEE WILL BE DEDUCTED FROM ALL REFUNDS. STUDENT INITIALS: \_\_\_\_\_