

ADULT EDUCATION REGISTRATION FORM - SPRING 2012

Ocean County Vocational Technical School ATTN: Adult Education
1299 Old Freehold Road, Toms River, NJ 08753-4298
(732) 473-3100 ext. 1000 OR (609) 597-3275

Please Print Clearly

Name: _____ Birth Date: _____

Address: _____

Town: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Phone: _____ Sex: Male ___ Female: ___

Course: _____

Course #: _____ Location: TR B J W L

Evening: M T W TH Semester: SPRING

Tuition Fee: _____

Course: _____

Course #: _____ Location: TR B J W L

Tuition Fee: _____

Evening: M T W TH Semester: SPRING

A check, money order or credit card number for tuition fee must accompany this application in order to be registered. Make check payable to OCVTS. There will be no refund after the first night of class.

CIRCLE: VISA MASTER CARD AMERICAN EXPRESS

Account #: _____ Exp. Date: _____

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