ADULT EDUCATION FALL 2018 MAIL-IN REGISTRATION FORM

OCEAN COUNTY VOCATIONAL TECHNICAL SCHOOL
1299 OLD FREEHOLD ROAD, TOMS RIVER, NJ 08753-4298
732.473.3100 x1000

ALL INFORMATION BELOW IS REQUIRED TO ENROLL YOU IN OUR COMPUTER SYSTEM. PLEASE PRINT CLEARLY.

NAME:_____ EMAIL ADDRESS:_____

ADDRESS:_____ TOWN:_____ ZIP:_____

PREFERRED CONTACT PHONE #:_____ ADDITIONAL CONTACT PHONE #:_____

EMERGENCY CONTACT (NAME/PHONE #):_____ BIRTH DATE:_____ __MALE __FEMALE

COURSE NO.	COURSE TITLE	START DATE	LOCATION (PLEASE CIRCLE)	FEE
			A B J *L TR W	
			A B J *L TR W	
			A B J *L TR W	
			A B J *L TR W	
			A B J *L TR W	
			A B J *L TR W	
			A B J *L TR W	
			A B J *L TR W	
			TOTAL	

Payment by: Money Order____ Check ____ Make Payable to: OCVTS
Credit Card: ___VISA ___MASTERCARD
ACCOUNT #:_____ EXP DATE:_____
Download additional Registration Forms, if needed, at www.ocvts.org

$25 Returned Check Fee
CREDIT CARD PAYMENT PREFERRED.

PLEASE NOTE REFUND POLICY ON PAGE 3