**ADULT EDUCATION FALL 2019 MAIL-IN REGISTRATION FORM**

OCEAN COUNTY VOCATIONAL TECHNICAL SCHOOL  
1299 OLD FREEHOLD ROAD, TOMS RIVER, NJ 08753-4298  
732.473.3100 x 1000

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

NAME:___________________________________________    BIRTH DATE:_______________________

ADDRESS:______________________________________________________    TOWN:___________________________     __MALE  __FEMALE

PREFERRED CONTACT PHONE #:_________________________ ADDITIONAL CONTACT PHONE #:_________________________

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

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<th>START DATE</th>
<th>LOCATION (PLEASE CIRCLE)</th>
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Payment by: Money Order_____  Check_____  Make Payable to: OCVTS  
Credit Card: _____VISA   _____MASTERCARD  
Credit Card #:_________________________________________ EXP DATE:__________  CVV #:__________

$25 Returned Check Fee

CREDIT CARD PAYMENT PREFERRED.

TOTAL

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Download additional Registration Forms, if needed, at www.ocvts.org

PLEASE NOTE REFUND POLICY ON PAGE 3