

ADULT EDUCATION REGISTRATION FORM - FALL 2009

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

*Please Print and Circle Choice*

Course: \_\_\_\_\_

Course #: \_\_\_\_\_ Location: TR B J W L

Evening: M T W TH Semester: FALL SPRING INTERSESSION

Tuition Fee: \_\_\_\_\_

Course: \_\_\_\_\_

Course #: \_\_\_\_\_ Location: TR B J W L

Tuition Fee: \_\_\_\_\_

Evening: M T W TH Semester: FALL SPRING INTERSESSION

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female: \_\_\_\_\_

*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

Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_