

**GREATER LOWELL TECHNICAL SCHOOL  
ADULT CONTINUING EDUCATION  
Fall 2011**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE #:    -    -     S. S. #:    -   -

E-MAIL ADDRESS: \_\_\_\_\_ SENIOR CITIZEN (Age 60+)

**REGISTRATION MUST BE MADE BY AUGUST 31, 2011  
TUITION IS DUE BEFORE THE FIRST CLASS.  
10% LATE FEE IF TUITION IS NOT RECEIVED  
BEFORE FIRST CLASS MEETING  
FULL PAYMENT IS REQUIRED BEFORE ADMITTANCE TO CLASS**

COURSE NAME	DAY & TIME	TUITION

Check if GLTS full-time Employee or School Committee Member      Tuition includes a \$15.00 non-refundable registration fee.

How did you hear about Adult Education at Greater Lowell?  
 Website       Friend/Family  
 Newspaper/Cable       Radio       Employee

**TOTAL: \$ \_\_\_\_\_**

**INJURY DISCLAIMER**

Participation in the above program(s) may involve some risk of personal injury. I hereby release and covenant to hold harmless the Greater Lowell Technical School District, its agents and employees from any and all actions, claims and damages for personal injuries that I may have sustained and may have incurred as a result of participation in the program(s).

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

**EMERGENCY INFORMATION**

In case of an emergency the school should contact:

NAME: \_\_\_\_\_

TELEPHONE:    -    -     RELATIONSHIP TO STUDENT: \_\_\_\_\_

**PLEASE MAKE CHECKS PAYABLE TO: G.L.T.S.  
VISA AND MASTERCARD ACCEPTED**

**We reserve the right to cancel any class as a result of insufficient enrollment.**

<b>FOR OFFICE USE ONLY:</b>	
RECEIVED BY: _____	AMOUNT RECEIVED: _____
DATE RECEIVED: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card