

**GREATER LOWELL TECHNICAL SCHOOL
ADULT CONTINUING EDUCATION
Spring 2012**

NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 TELEPHONE #: _____ S. S. #: _____
 E-MAIL ADDRESS: _____ SENIOR CITIZEN (Age 60+)

**REGISTRATION MUST BE MADE BY DECEMBER 30, 2011
 TUITION IS DUE BEFORE THE FIRST CLASS.
 10% LATE FEE IF TUITION IS NOT RECEIVED
 BEFORE FIRST CLASS MEETING**

COURSE NAME	DAY & TIME	TUITION
Non-refundable registration fee		\$15.00
Book fee if applicable		

How did you hear about Adult Education at Greater Lowell?	
<input type="checkbox"/> Website	<input type="checkbox"/> Friend/Family
<input type="checkbox"/> Newspaper/Cable	<input type="checkbox"/> 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, NO CASH CAN BE ACCEPTED**

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

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