

ADULT EDUCATION FALL 2017 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 ___
 *LAKEHURST CENTER REGISTRATIONS MUST PROVIDE DRIVER'S LICENSE # _____ STATE: _____

COURSE NO.	COURSE TITLE	START DATE	LOCATION (PLEASE CIRCLE)	FEE
			A B J *L TR W	
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Payment by: Money Order ___ Check ___ Make Payable to: OCVTS				TOTAL
Credit Card: ___ VISA ___ MASTERCARD				
ACCOUNT #: _____ EXP DATE: _____				

\$25 Returned Check Fee
CREDIT CARD PAYMENT PREFERRED.
PLEASE NOTE REFUND POLICY ON PAGE 3

Download additional Registration Forms, if needed, at www.ocvts.org
 *Driver's License information needed for each registered student attending class at Lakehurst Center.
 Classes may need to be rescheduled or extended at the end of the semester due to inclement weather.