

ADULT EDUCATION SPRING 2019 MAIL-IN REGISTRATION FORM

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

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 ___

COURSE NO.	COURSE TITLE	START DATE	LOCATION (PLEASE CIRCLE)	FEE
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Payment by: Money Order ___ Check ___ Make Payable to: **OCVTS** \$25 Returned Check Fee
 Credit Card: ___ VISA ___ MASTERCARD CREDIT CARD PAYMENT PREFERRED.
 Credit Card #: _____ EXP DATE: _____ CVV #: _____

TOTAL

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