ADULT EDUCATION SPRING 2018 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	
			A B J *L TR W	
			A B J *L TR W	
			A B J *L TR W	
			A B J *L TR W	
			A B J *L TR W	
			A B J *L TR W	
			A B J *L TR W	
			TOTAL	

Payment by: Money Order____ Check ____ Make Payable to: **OCVTS**

$25 Returned Check Fee

CREDIT CARD PAYMENT PREFERRED.

Credit Card: ___VISA ___MASTERCARD

ACCOUNT #:_____ EXP DATE:_____

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.