GREATER LOWELL TECHNICAL SCHOOL ADULT CONTINUING EDUCATION and HEALTH CAREER PROGRAMS Spring 2019

NAME:				
ADDRESS:				
CITY:		STATE:	ZIP CODE:	
TELEPHONE #:		S. S. #:		
E-MAIL ADDRESS:			SENIOR	CITIZEN (Age 60+)
PLE	L BE ACCEPTE ASE MAKE CHE LATE FEE IF	BE RECEIVED ED - VISA AND MA ECKS PAYABLE TUITION IS NO DAY OF THE CI	STERCARD TO: G.L.T.S T RECEIVE	ACCEPTED S.
COURSE NA	ME	DAY & TIME		TUITION
How did you hear about Adult Educa □ Website □ Friend □ Newspaper □ GL En □ Brochure □ Flyer/I	l/Family □ Ei nployee □ Gl	nployer L Graduate		TOTAL: \$
Participation in the above program(s to hold harmless the Greater Lowe actions, claims and damages for p result of participation in the program	s) may involve so ell Technical Sch ersonal injuries	nool District, its a	gents and e	mployees from any and al
Signature:			Date:	
In case of an emergency the school NAME:	should contact:	NCY INFORMAT	TON	
TELEPHONE:	RELATIONSHIP TO STUDENT:			
We reserve the right to car	ncel any clas	s as a result	of insuffi	cient enrollment.
FOR OFFICE USE ONLY:				Check
RECEIVED BY: AMOUNT RECEIVED:			☐ Credit Card	
DATE RECEIVED:				☐ Money Order