GREATER LOWELL TECHNICAL SCHOOL
ADULT CONTINUING EDUCATION
Spring 2019

NAME:__________________________________________

ADDRESS:__________________________________________

CITY: __________________________ STATE: ___________ ZIP CODE: ____________

TELEPHONE #: __________________ S. S. #: __________________

E-MAIL ADDRESS: __________________________________ SENIOR CITIZEN (Age 60+)☐

REGISTRATION/TUITION MUST BE RECEIVED BY December 31, 2018.

NO CASH WILL BE ACCEPTED - VISA AND MASTERCARD ACCEPTED

PLEASE MAKE CHECKS PAYABLE TO: G.L.T.S.

10% LATE FEE IF TUITION IS NOT RECEIVED

By FIRST DAY OF THE CLASS

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<tr>
<th>COURSE NAME</th>
<th>DAY &amp; TIME</th>
<th>TUITION</th>
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How did you hear about Adult Education at Greater Lowell?

☐ Website  ☐ Friend/Family  ☐ Employer

☐ Newspaper  ☐ GL Employee  ☐ GL Graduate

☐ Brochure  ☐ Flyer/Mailing  ☐ Previous Adult Student

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:____________________

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

FOR OFFICE USE ONLY:

☐ Check  ☐ Credit Card  ☐ Money Order

RECEIVED BY:_________ AMOUNT RECEIVED:_________

DATE RECEIVED:_____________