

**GREATER LOWELL TECHNICAL SCHOOL  
ADULT CONTINUING EDUCATION  
FALL 2019**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ S. S. #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ SENIOR CITIZEN (Age 60+)

**REGISTRATION/TUITION MUST BE RECEIVED BY August 30, 2019.  
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**

COURSE NAME	DAY & TIME	TUITION

How did you hear about Adult Education at Greater Lowell?		
<input type="checkbox"/> Website	<input type="checkbox"/> Friend/Family	<input type="checkbox"/> Employer
<input type="checkbox"/> Newspaper	<input type="checkbox"/> GL Employee	<input type="checkbox"/> GL Graduate
<input type="checkbox"/> Brochure	<input type="checkbox"/> Flyer/Mailing	<input type="checkbox"/> 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.**

<b>FOR OFFICE USE ONLY:</b>		<input type="checkbox"/> Check
RECEIVED BY: _____	AMOUNT RECEIVED: _____	<input type="checkbox"/> Credit Card
DATE RECEIVED: _____		<input type="checkbox"/> Money Order