

**GREATER LOWELL TECHNICAL SCHOOL
ADULT CONTINUING EDUCATION and HEALTH CAREER PROGRAMS
FALL 2017**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE #: _____ S. S. #: _____

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

REGISTRATION/TUITION MUST BE RECEIVED BY AUGUST 31, 2017.

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.

FOR OFFICE USE ONLY:

RECEIVED BY: _____ AMOUNT RECEIVED: _____

DATE RECEIVED: _____

- Check
- Credit Card
- Money Order