

**GREATER LOWELL TECHNICAL SCHOOL
ADULT CONTINUING EDUCATION and HEALTH CAREER PROGRAMS
Fall 2018**

NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 TELEPHONE #: _____ S. S. #: _____
 E-MAIL ADDRESS: _____ SENIOR CITIZEN (Age 60+)

**REGISTRATION/TUITION MUST BE RECEIVED BY AUGUST 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**

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:		<input type="checkbox"/> Check
RECEIVED BY: _____	AMOUNT RECEIVED: _____	<input type="checkbox"/> Credit Card
DATE RECEIVED: _____		<input type="checkbox"/> Money Order