

Please register for all classes online at www.mcvsd.org. If you do not have access to a computer, you may register by using the form below:

ADULT EDUCATION REGISTRATION FORM

MONMOUTH COUNTY VOCATIONAL SCHOOL DISTRICT

4000 KOZLOSKI ROAD PO BOX 5033

FREEHOLD, NJ 07728-5036

Fax: 732.409.6736

PLEASE PRINT

NAME _____

ADDRESS _____

TOWN _____ STATE _____

ZIP _____

PHONE _____

DATE OF BIRTH _____

A check, money order, or credit card number for tuition fee must accompany this application in order to be registered. Make checks payable to MCVSD. Companies who are registering employees may fax registration information on business letterhead along with registration form for each participant. Purchase orders also will be accepted. **There will be no refunds after the first scheduled class. There is a \$35 fee for returned checks.**

Course 1 _____

Location _____ Start Date _____

Course 2 _____

Location _____ Start Date _____

Tuition Total _____

Credit Card Account # _____

Card Type _____

Signature _____ Exp Date _____