

Agawam Adult Education Registration Form

NAME: _____

ADDRESS: _____

CITY/TOWN: _____

TELEPHONE: _____ Emergency Phone _____

ATTENDING SCHOOL: _____

WRITE ATTENDING SCHOOL YOU WANT YOUR GRADE(S) SENT TO

Address: _____

NAME OF COURSE(S) TO BE TAKEN: DAY (circle one)

(1) _____ Tuesday / Wednesday

(2) _____ Tuesday / Wednesday

Office use only- - - - -

Amount Paid _____ Date _____

Cash _____ Bank Check/Money Order # _____

Received by: _____