



Please fill out completely. Registration is complete upon processing of this form. Indicate second student on separate form. If mailing, make check/money order payable to Arlington Public Schools. Cut and mail with tuition to Adult Education Program, 2110 Washington Blvd., Arlington, VA 22204. Or fax to (703) 228-8049.

Class Registration Form

Last Name			First			Middle			Male <input type="checkbox"/>	Senior 62+ <input type="checkbox"/>	
									Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Local Address (street, city, state & zip)									Daytime Telephone		
Email:									Evening Telephone		
Credit Card Information <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard									Donation to JGMS (see website for details)		
Card Number _____ Exp. Date _____									\$		
Cardholder/Check Name (if other than student) _____									Total Charged		
									\$		
M	T	W	Th	F	S	Time	Date	Course #	Name of Course	School	\$
Registration Card Arlington Adult Education Program www.apsva.us/adulted				Tuition Paid _____ <input type="checkbox"/> Charge				Internal Use:			
				Date Paid _____ <input type="checkbox"/> Check				 			

CONFIRMATION WILL BE SENT, ONLY UPON REQUEST. REPORT TO CLASS UNLESS OTHERWISE ADVISED.