

Fall 2009

REGISTRATION IS EASY

REGISTRATION FORM

On-line at: www.pleasanton.k12.ca.us/adulted

Mail to: 215 Abbie Street, Pleasanton, CA 94566 FAX to: 925/846-5317

Please provide ALL information requested below:

Required: Date of Birth: _____ (18 yrs or older)

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____ Home Phone: _____ Work Phone: _____

Male: _____ Female: _____ Native Language: _____ CalWorks recipient: _____ (Check if "YES")

Ethnic Code: White _____ Hispanic _____ Black _____ Asian _____ Filipino _____ Pacific Islander _____ American Indian _____ Alaskan Native _____ Other _____

If you would you like to receive course updates via email please include your e-mail address: _____

Course No: _____ Course Name: _____ Class Date(s): _____ Fee: _____

Course No: _____ Course Name: _____ Class Date(s): _____ Fee: _____

Course No: _____ Course Name: _____ Class Date(s): _____ Fee: _____

For Traffic Violator School include: Driver's License # _____ Case/Docket # _____
Court _____ Court Due Date _____

To pay by check make payable to **AMADOR ADULT SCHOOL**. We recommend that cash payments be made in person and not via U.S. mail.

To pay by credit card, please complete the following:

VISA MASTERCARD : _____ Expiration Date

(required): _____

Authorization Signature (for credit card use only): _____

We value your input. What courses would you like to see offered through Amador Valley Adult & Community Education? _____

*If you wish to receive a confirmation, send a stamped, self-addressed envelope along with your registration form.
If the class is full or canceled, you will be notified. Consider yourself registered if you do not hear from us.*