

First Name _____ M.I. _____ Last Name _____

Lucia Mar Unified School District Adult Education - Student Registration Form – Community Classes

New Student	<input type="checkbox"/>	How did you hear about us? _____
Returning Student	<input type="checkbox"/>	

I UNDERSTAND THAT FEES ARE NON-REFUNDABLE UNLESS A CLASS IS CHANGED OR CANCELED BY LMUSD ADULT EDUCATION
Make checks payable to LMUSD Adult Ed

CLASSES REQUESTED

SECTION #	CLASS	DATES	TIMES	DAY(s)	FEE	PAYMENT METHOD
					\$	
					\$	
					\$	
					\$	

PLEASE PRINT CLEARLY

First Name		Middle Name/Initial		Last Name	
Home Phone		Cell Phone		Mailing Address, City, State & Zip	
Email Address		Sex (M/F)	Birth Date		
Ethnicity	Home Language	Emergency Contact		Relationship	Phone

By my signature below, I verify that all information is true and correct to the best of my knowledge:

Date	Signature
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