

# REGISTRATION FORM

(For additional forms photocopy as needed)

## INSTRUCTIONS

1. Complete sections 1a, 1b, & 1c and mail entire form to the office.
2. Out of district fee is \$10 for multi night course and \$4 for one night seminar.
3. Senior Citizen is age 60 or older and must send proof.
4. Put course number on check and make payable to:  
*Levittown Public Schools.*
5. Read *Refund & Cancellations* section on our web site at [www.LevittownAdultEd.com](http://www.LevittownAdultEd.com) and sign in section "1b".
6. Do **NOT** detach any parts. Send entire form to the office.
7. Your receipt will be validated and returned to you if mailed two weeks prior to the start of the class. After that time please call the office to confirm enrollment. No refunds due to not receiving receipt.

### REMINDERS

- Use one form per person and per course.
- Send separate check per person and per course.
- Send proof if you are a senior citizen.
- Send proof of residency if your address does not appear on check.
- Check and verify the date, time, and location of the course.
- Sign section "1b" after reading *Refund & Cancellations* section on our web site at [www.LevittownAdultEd.com](http://www.LevittownAdultEd.com).

# 1a

## Adult Education REGISTRATION FORM

Course Title: \_\_\_\_\_ Course #: \_\_\_\_\_ .320

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Circle: Check MO

Out of District:

Senior Citizen:

**VALIDATING STAMP**

# 1b

## Adult Education BUSINESS OFFICE RECEIPT (Complete, but do NOT detach)

Name: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_ Course #: \_\_\_\_\_ .320

Phone: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Circle: Check MO

Out of District:  Senior Citizen:



By signing you state you have read and understand the refund policy on our web site at [www.LevittownAdultEd.com](http://www.LevittownAdultEd.com).  
No refunds once a class begins and cancellation notice must be given at least one business day (9-3 PM) before the start date.

**VALIDATING STAMP**

# 1c

## RECEIPT:

Complete, but do NOT Detach. This will be mailed back to you if registering two weeks prior to the first night of class.

**VALIDATING STAMP**

Send all 3 parts (1a, 1b & 1c) of completed form to:

*Levittown Adult Continuing Education  
General Douglas MacArthur High School  
3369 Old Jerusalem Rd.  
Levittown, NY 11756*

Complete all  
information here →



Contact Information:

Phone: (516) 434-7275

E-mail: [mail@LevittownAdultEd.com](mailto:mail@LevittownAdultEd.com)

Web Site: [www.LevittownAdultEd.com](http://www.LevittownAdultEd.com)

Course No. \_\_\_\_\_ .320

Circle Night: M T W Time: \_\_\_\_\_ PM

Building: \_\_\_\_\_ Room: \_\_\_\_\_

One Night or Start Date: \_\_\_\_\_

Senior Citizen:  (Age 60+ send proof)

Out of District:  +\$10 or +\$4 (1 night class)

Name: \_\_\_\_\_

Street: \_\_\_\_\_

Town: \_\_\_\_\_ N.Y. \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Circle: Check MO

**\*Bring this receipt with you the first night of class / Make checks payable to: LEVITTOWN PUBLIC SCHOOLS**