

# USED FOR COMMUNITY EDUCATION CLASSES ONLY

## registration form

**Mail-in, fax or email registration form**  
**communityed@rowlandschools.org**

Rowland Adult and Community Education  
 2100 Leron Avenue  
 Rowland Heights, CA 91748  
 Phone: (626) 965-5975 Fax: (626)854-1191

**MAKE CHECKS PAYABLE TO**  
**Rowland Adult and Community Education**

NAME

ADDRESS

CITY  ZIP  -

PHONE NUMBER (  )  -  M  F  BIRTH DATE  /  /   
 GENDER M D Y

EMAIL

COURSE #	COURSE TITLE	LOCATION	START DATE	FEE

**PAYMENT (Check appropriate box for credit card)**

CHECK#  CASH  VISA  M/C  AMEX  DISCOVER

CC#

Security code (located on the back or front)

Expiration Date  /



**REGISTRATION FEE**

**\$10.00\***

\*Registration fee will be waived for students registering for two or more classes at the same time.

**For Office Use Only**

Receipt #: \_\_\_\_\_  
 Confirmation Sent: \_\_\_\_\_  
 Initial \_\_\_\_\_  
 Date \_\_\_\_\_  
 Student ID # \_\_\_\_\_  
 Processed \_\_\_\_\_

Signature

Date

**Note: One registration form must be completed for each participant. More forms are available at the Adult School Office, or you may duplicate this form as needed.**

**REFUND POLICY**

Please plan carefully as there will be **NO CLASS REFUNDS, LETTER OF CREDIT** or **CLASS TRANSFERS**. If the class is canceled by the Adult School, a full refund will be processed and mailed to you.

**LIABILITY RELEASE**

I voluntarily agree to participate in this program. I realize that every precaution is taken to eliminate any injuries or hazards and that a competent teacher is present. However, in the event of any injury to myself, I hereby waive, release and hold harmless from any liability for damages or claims for which may arise in connection with the above-named activity(ies), against Rowland Adult and Community Education Personnel and the Rowland Unified School District.

**Student Initials**