

2100 Lerona Avenue Rowland Heights, CA 91748-3945

Security code (located on the back or front)

Signature

*******ECRWSSEDDM****

RESIDENTIAL CUSTOMER TIME DATED MATERIAL

Nonprofit Organization
U.S. POSTAGE

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City of Industry, CA Permit No. 4008

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EXPRESS

DISCOVER'

USED FOR COMMUNITY EDUCATION CLASSES ONLY registration form

2100 Lerona A Rowland Heig Phone: (626) S LAST NAME:	It and Community Education Avenue Ohts, CA 91748 1965-5975 • Fax: (626)854-1	on N	Mail-in, fax or email registration form communityed@rowlandschools.org FIRST NAME:		
CITY:				ZIP:	
	BER: <u>(</u>)	M F GENDER	BIRTH	DATE: / M [) O Y
COURSE #	COURSE TITLE	LOCATION		START DATE	FEE
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				REGISTRATION FEE *Registration fee will be waived for students registering for two or more classes at the same time. For Office Use Only Receipt #:	
District. 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.				Confirmation:	
The Information printed in this Schedule of Classes regarding classes, location, and teachers is as up-to-date as possible at time of printing.				Date:	
☐ I wish to opt	out of email updates.	Student Initials		Student ID #:	
•	SES MUST BE PAID E M/C AMEX DISCO	BY CREDIT CARD ONLY.		//SA	MasterCard

Expiration Date

Date