ADULT REGISTRATION FORM

Course _____

Name _____

Address _____

_____

Telephone (H) _____ (W) _____

Social security Number _____

Amount of Payment Enclosed _____

Course Objectives

I am taking this course with the following objectives:

___ Learn a new trade/occupation

___ Upgrade myself in my present occupation

___ Refresh old skills for employment

___ Unrelated to employment

I understand the following:

- No refunds will be granted after the second night of class
- The Dauphin County Technical School is not liable for damage to any of my personal property or for bodily injury self-inflicted or inflicted by another student.

_____

Applicant Signature Date

_ _

The following *optional* information is requested to complete State and Federal reports:

Sex: _____ Male Race: _____ American Indian/Alaskan Native _____ Black

_____ Female _____ Asian/Pacific Islander _____ Hispanic

_____ White (Non-Hispanic)

Special Population: _____ Disabled _____ Limited English Proficiency

_____ Educationally Disadvantaged _____ Economically Disadvantaged