



**Dauphin County Technical School
Adult Education Application**

Course Name: _____ **Course Date:** _____

Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Telephone (h) _____ **(w)** _____ **(c)** _____

Resident School District: _____ **Email:** _____

Course Materials (If applicable):
 ___ I will pick up at the first class
 ___ I will pick up at DCTS (M-F 8am-4pm)
 ___ Send via Postal Service (please call for Postal Fee)

Office Only Use	
Payment	
Confirmation Date	

Amount of Payment Enclosed : _____

I understand the following:

- No refunds will be granted after class has begun
- 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. These reports allow us additional funding to keep the cost of our programs consistently affordable to the public.

Sex: ___ Male ___ Female

Race: ___ American Indian/Alaskan Native ___ Black ___ Hispanic
 ___ Asian/Pacific Islander ___ White (Non-Hispanic)

Special Population: ___ Displaced Homemaker ___ Economically Disadvantaged
 ___ Educationally Disadvantaged ___ Individual with Disability
 ___ Limited English Proficiency ___ Single Parent