

**ADULT EDUCATION
SOUTHEASTERN CAREER CENTER**

Evening Class Registration Form

Directions: Fill out the information below. Please return this form and a \$20 deposit to the Adult Education Department at the Southeastern Career Center. *The deposit is non-refundable if the class is held.* If the class does not have enough people enrolled, the deposit will be refunded by February 1, 2009.

Date: _____ Class Title: _____

Name: _____

Address: _____

City, State & Zip Code: _____

Home Phone: _____ Work Phone: _____

Birth Date: _____ Gender: Male _____ Female _____

Race: White _____ Black _____ Asian _____ Hispanic _____ Indian _____

How did you hear about our program? _____

(For Office Use Only)

Semester: Spring	Tuition Fee:	\$ _____
Year: 2009	Book Fee:	\$ _____
Course: _____	Lab Fee:	\$ _____
Instructor: _____	Total Fee:	\$ _____
Payment Type:	Deposit:	\$ <u>20.00</u> (required with registration)
_____ Check # _____	Total Due:	\$ _____
_____ Cash _____	Payment Amount:	\$ _____
	Balance Due:	\$ _____

Return this form and payment to:
Adult Education Department
Southeastern Career Center
901 West US 50
Versailles, IN 47042
(812) 689-5253 ext. 232

(make checks payable to Southeastern Career Center)
All registrations and deposits must be received by January 9, 2009.