

Winter/Spring 2012

REGISTRATION IS EASY

REGISTRATION FORM

On-line at: [www.pleasanton.k12.ca.us/adulted](http://www.pleasanton.k12.ca.us/adulted)

Mail to: 215 Abbie Street, Pleasanton, CA 94566 FAX to: 925/846-5317

Please provide ALL information requested below:

Required: Date of Birth: \_\_\_\_\_ (18 yrs or older)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Native Language: \_\_\_\_\_ CalWorks recipient: \_\_\_\_\_ (Check if "YES")

Ethnic Code: White \_\_\_\_\_ Hispanic \_\_\_\_\_ Black \_\_\_\_\_ Asian \_\_\_\_\_ Filipino \_\_\_\_\_ Pacific Islander \_\_\_\_\_ American Indian \_\_\_\_\_ Alaskan Native \_\_\_\_\_ Other \_\_\_\_\_

If you would you like to receive course updates via email please include your e-mail address: \_\_\_\_\_

Course No: \_\_\_\_\_ Course Name: \_\_\_\_\_ Class Date(s): \_\_\_\_\_ Fee: \_\_\_\_\_

Course No: \_\_\_\_\_ Course Name: \_\_\_\_\_ Class Date(s): \_\_\_\_\_ Fee: \_\_\_\_\_

Course No: \_\_\_\_\_ Course Name: \_\_\_\_\_ Class Date(s): \_\_\_\_\_ Fee: \_\_\_\_\_

<b>For Traffic Violator School include:</b>	Driver's License # _____	Case/Docket # _____
	Court _____	Court Due Date _____

To pay by check, make payable to **AMADOR ADULT SCHOOL**. We recommend that cash payments be made in person and not via U.S. mail.

To pay by credit card, please complete the following:

VISA       MASTERCARD : \_\_\_\_\_ Expiration Date (required): \_\_\_\_\_

Authorization Signature (for credit card use only): \_\_\_\_\_

We value your input. What courses would you like to see offered through Amador Valley Adult & Community Education? \_\_\_\_\_

*If you wish to receive a confirmation, send a stamped, self-addressed envelope along with your registration form.  
If the class is full or canceled, you will be notified. Consider yourself registered if you do not hear from us.*