



REGIONAL SCHOOL DISTRICT #16

ADULT EDUCATION REGISTRATION FORM

Personal Information

Last Name	First Name	Middle Initial
Address		
City	State	Zip Code
Home Phone #	Cell Phone #	

Course Titles(s)

1)	(Day)
2)	(Day)
3)	(Day)

CASH \$ _____ CHECK # _____

TOTAL _____

Registration fee and tuition must accompany registration form. Classes may be cancelled due to insufficient enrollment. This will be determined by prior payment. You will be notified if a class is cancelled for this reason. Mail or drop off all registration forms and fees to:

**Mr. Joseph Nuzzo
 Adult Education Director
 Community School
 12 Center Street
 Prospect, CT. 06712**