

Fall 2018 Adult Education Registration Form

Submit a separate check and form for each course and person registering (ages 18 & over).

Make checks payable to: **Patchogue-Medford Schools** (no staples please).

MAIL TO:
Patchogue-Medford Schools
Office of Instructional Services
241 South Ocean Avenue
Patchogue, NY 11772

Last Name _____ First Name _____

Address _____ City _____ Zip _____

Day Phone # _____ Evening # _____ E-Mail Address _____

Course _____ Fee _____ Day _____ Time _____

NON-RESIDENTS PLEASE ADD AN ADDITIONAL \$15 PER COURSE.

Senior Citizens requesting a discount **must** submit a copy of your driver's license or proof of residency and age with your registration.

PLEASE NOTE: CONFIRMATIONS WILL NOT BE SENT. You will only be notified of a cancelled or full class.

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Senior Citizens requesting a discount **must** submit a copy of your driver's license or proof of residency and age with your registration.