

REGISTRATION FORM for Metro Nashville Community Education Courses

TODAY'S DATE: ___ / ___ / 20 ___

SEMESTER: **FALL 2009**

NAME		
ADDRESS		
CITY		
STATE / ZIP		
PHONE / E-MAIL		

CLASS(ES) DESIRED:

COURSE ID	COURSE NAME	DAY*	TIME	FEE
TOTAL FEE(S)				

* **M**=Monday **T**=Tuesday **W**=Wednesday **TH**=Thursday **F**=Friday **S**=Saturday

Please circle one:

I am paying by **CASH** or **CHECK**. (Make checks payable to *COMMUNITY EDUCATION*.)

Either **MAIL** form or take **IN PERSON** to the appropriate school below:

COHN ADULT LEARNING CTR.	4805 Park Avenue	Nashville	37209
GLENCLIFF HIGH SCHOOL	160 Antioch Pike	Nashville	37211
HUNTERS LANE HIGH SCHOOL	1150 Hunters Lane	Nashville	37207
MCGAVOCK HIGH SCHOOL	3150 McGavock Pike	Nashville	37214
STRATFORD HIGH SCHOOL	1800 Stratford Ave.	Nashville	37216

Disclaimer:

I understand that refunds of tuition and or fees are not granted to any student who withdraws for any reason other than a class that does not materialize. I understand that if I choose to withdraw from a class, the site coordinator must be contacted before 2 business days of class start date. I also understand that certain activities may require my signature on a "Release from Liability" statement. I further understand and grant permission for my image to be used in photographs in publications authorized by the Metropolitan Nashville Public Schools.

Signature _____

Date _____

How did you hear about Community Education? (Check the following)

- Found catalogue at: _____
- Search Engine: _____ (Google, Lycos, etc.)
- Library
- Print ad: _____ (Please specify which publication)
- Radio ad: _____ (Please specify which radio station)
- Word of mouth
- Other: _____

This section for OFFICE USE only.

Receipt #	Price of Class
Cash or Check	Check No.