

Registration Forms

{ Registration information can be found on the inside front cover }

PLEASE PRINT

First Name : _____ Last Name : _____
Address : _____
Town : _____ Zip : _____ E-mail: _____
Day Phone : () _____ Night Phone : () _____

Office Use
Only

Course Code(s) : _____ Course Name(s) : _____ * Fee : _____

A \$5 registration fee is charged only once per person per semester to fund scholarships, applies to tuitions of \$20 or more.

Make checks payable to :
**Arlington Community
Education**

Total : _____ Check Number : _____

ARLINGTON COMMUNITY EDUCATION

Arlington High School
869 Massachusetts Avenue
Arlington, MA 02476
Tel. 781-316-3568
Fax. 781-316-3381

**Please charge the following
credit card:**

Visa
 Mastercard

Total Amount: _____

Account Number : _____

Expiration Date : _____

Cardholder Name (print): _____

**No confirmation sent; you are officially enrolled upon payment.
Credit card charges appear from "Arlington Public Schools".**

PLEASE PRINT

First Name : _____ Last Name : _____
Address : _____
Town : _____ Zip : _____ E-mail: _____
Day Phone : () _____ Night Phone : () _____

Office Use
Only

Course Code(s) : _____ Course Name(s) : _____ * Fee : _____

A \$5 registration fee is charged only once per person per semester to fund scholarships, applies to tuitions of \$20 or more.

Make checks payable to :
**Arlington Community
Education**

Total : _____ Check Number : _____

ARLINGTON COMMUNITY EDUCATION

Arlington High School
869 Massachusetts Avenue
Arlington, MA 02476
Tel. 781-316-3568
Fax. 781-316-3381

**Please charge the following
credit card:**

Visa
 Mastercard

Total Amount: _____

Account Number : _____

Expiration Date : _____

Cardholder Name (print): _____

**No confirmation sent; you are officially enrolled upon payment.
Credit card charges appear from "Arlington Public Schools".**