

# REGISTRATION FORM

(THIS FORM MUST BE PRINTED OUT, THEN FAXED OR MAILED)

**Mail with credit card information or check made out to:**

Community High School District 128  
145 N. Lakeview Parkway  
Vernon Hills, IL 60061  
Attn: Community Education Office

**OR Fax credit card information to: FAX # 847-932-2053**

**Please print**

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

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

**Please answer:**

How did you hear about our program? \_\_\_\_\_ mail \_\_\_\_\_ friend/family \_\_\_\_\_ Library \_\_\_\_\_ returning student \_\_\_\_\_ District Web Page  
\_\_\_\_\_ District marquee \_\_\_\_\_ other

Credit Card Information: Visa MasterCard

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_\_

Check # \_\_\_\_\_

Course #	Course Name	Tuition	Do you qualify for a discount? Y/N
Start Date	Campus/Room	Day of Week	Time
Course #	Course Name	Tuition	Do you qualify for a discount? Y/N
Start Date	Campus/Room	Day of Week	Time
Course #	Course Name	Tuition	Do you qualify for a discount? Y/N
Start Date	Campus/Room	Day of Week	Time

I do hereby stipulate that I am 18 years of age or older and agree to indemnify and forever hold harmless said School District 128 against any and all claims arising out of my occupancy of the school premises of said school district.

Signature Required \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

Date Rec'd \_\_\_\_\_ Date Entered \_\_\_\_\_ Cash \_\_\_\_\_ Ck # \_\_\_\_\_ Amount \_\_\_\_\_ By \_\_\_\_\_