

Palo Alto Adult School
50 Embarcadero Road
Palo Alto, CA 94301
(650) 329-3752



REGISTRATION FORM

Please Print

Year: _____

Quarter: ☐ Winter ☐ Spring
☐ Summer ☐ Fall

Registration Date: _____

Or - register online: www.paadultschool.org

Name: _____
(Last) (First) (Middle)

Address: _____
(No.) (Street) (Apt.) (City) (Zip)

Home Phone: _____ Work Phone: _____

Email: _____

Start Date: _____ ☐ New Student ☐ Returning Student Date of Birth: _____ ☐ M ☐ F

Class Name	M	T	W	Th	F	S	Instructor	Time	Location	Fee

Type of Payment: ☐ Check ☐ Cash ☐ Visa ☐ M/C ☐ No Fee

Credit Card Number: _____ Expiration Date: _____

How did you find out about this class? _____