

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

### REGISTRATION FORM

Please Print

*Fax: (650) 329-8515 or  
register online at [www.paadultschool.org](http://www.paadultschool.org)*

Year: \_\_\_\_\_

Quarter:  Winter  Spring  
 Summer  Fall

Registration Date: \_\_\_\_\_

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 hear about this class? \_\_\_\_\_ Enrolled by \_\_\_\_\_

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