

STUDENT INFORMATION

Last Name: _____ First Name: _____ Gender (circle): **M** **F**
 Street Address: _____ City: _____ State: _____ Zip Code: _____
 Date of Birth: ____/____/____ Email Address: _____
 Home Phone: (____) _____ Work Phone: (____) _____ Cell Number: (____) _____
 Emergency Contact: Name: _____ Phone # _____ Relationship: _____

COURSE REGISTRATION INFORMATION

CLASS SECTION #	COURSE	DAYS OF WEEK	TIME	TEACHER	LOCATION	START DATE	END DATE	CLASS FEE

Subtotal \$ _____

Semester? FALL SPRING SUMMER

I wish to include a contribution in support of Active Adults Classes \$ _____

New Student? Yes No

(Please include a separate check for donations.) Total Fee \$ _____

PAYMENT

CHECK (Please make check payable to:
San Mateo Adult School)

CASH

DEBIT/CREDIT CARD

*Please mail or walk-in registration to
789 E. Poplar, San Mateo, CA 94401 or
Fax to (650) 762-0232*

DEBIT/CREDIT CARD: VISA MASTERCARD

CARD NUMBER: _____ **EXP. DATE:** ____/____/____

SIGNATURE: _____

NAME ON CARD: _____

Credit Card Transactions List as SMUHSD - San Mateo Union High School District

LIABILITY WAIVER AND POLICIES

I, the undersigned participant, do hereby agree to voluntarily participate in the above classes, and I agree to indemnify and hold the SMUHSD/San Mateo Adult School harmless from and against any and all liability for injury which may be suffered by myself arising out of or in any way connected with my participating in this activity. I understand that NO REFUNDS will be given after the 1st class meeting unless the class or program is cancelled by SAN MATEO ADULT & CAREER EDUCATION.

SIGNATURE: _____

DATE: _____