LA COSTA ADULT SCHOOL
Lighting the Way to Your Dreams

***No Refunds after 3rd Class Meeting**

SPANISH CLASS REGISTRATION FORM

Today's Date: ___/____/____

Last Name:_____ **First:**_____ **Middle:**_____

Address:

_____

Street Apt.# City Zip Code

Home Phone: (_____)_____ **Cell: (_____)**_____ **Email:** _____

Emergency Contact:

Name:_____ **Phone: (_____)**_____ **Relationship:** _____

[ ] I GIVE PERMISSION to La Costa Adult School to interview me and use my photo or video in any and all media and publications without receiving any payment and I realize I retain no rights to these interviews, photos, or videos.

[ ] I DO NOT GIVE PERMISSION to La Costa Adult School to interview me or use my photo or video in any media or publication.

Student Signature: _____

Check One Level:	Days	Time	Dates	Cost	Room
[ ] Level 1	M, W	6:30 pm – 8:30 pm	4/1/19 – 6/5/19	9 weeks = $125.00	1
[ ] Level 2	Tu, Th	6:30 pm – 8:30 pm	4/2/19 – 6/6/19	9 weeks = $125.00	MUB
[ ] Level 3	Tu, Th	6:30 pm – 8:30 pm	4/2/19 – 6/6/19	9 weeks = $125.00	3

For Office Use

Payment: $_____ **Cash Check #** _____ **Date of Payment:** _____ **Wait List? Y N**

Student ID: _____ **In ASAP? Y N**