



Carmel Adult School REGISTRATION FORM

CLASS SESSION:

Fall
August

Winter
December

Spring
March

PAYMENT and REGISTRATION FORM are required **prior** to the start of the session.
Teachers may not accept payment.

Name: _____
First Last

Phone: _____ email: _____

Mailing Address: _____
Address

City Zip

EMERGENCY INFORMATION

Name: _____
First Last

Phone: _____ email: _____

CLASS INFORMATION

Name of Class: _____ Day: _____ Time: _____ Amount: \$ _____

Name of Class: _____ Day: _____ Time: _____ Amount: \$ _____

Name of Class: _____ Day: _____ Time: _____ Amount: \$ _____

Make checks payable to: **Carmel Adult School**

Please drop-off payment and registration to Carmel School District Office, Carmel Valley High School **or**
mail to: Carmel Adult School PO Box 222700 Carmel, CA 93923.

Completion of this form does not guarantee placement in the class.

Marcie Garvin, Adult School Secretary
27335 Schulte Road, Carmel CA, 93923
mgarvin@carmelunified.org