TRIM HERE

FOR MAIL-IN, include credit card information or check. Mail to:

FAX to: (210) 706-8963. You MUST include credit card information.

ADULT & COMMUNITY EDUCATION
6632 Bandera Rd • San Antonio TX 78238
397-8100 / www.nisd.net/ace

REPRODUCE as needed for additional forms.

REGISTRATION FORM

Name _____ Birth Date ____/____/____ Sex: ❑M ❑F

Address _____

City _____ Zip _____

Home Phone: _____ Work Phone _____

E-mail Address: _____

COURSE INFORMATION

Course Number	Start Date	Time	Course Title	Book Tuition	Campus & Fee	Room No.

TOTALS_____ +_____=_____

Company name or personal name on check or credit card if different than person registering. _____

Pd by: Cash__ Check__ Visa__ MC__ Money Order__ *Credit___

Received by: _____

Date of Registration: _____

Ck or M.O. # _____

Card No: _____

Card Expiration Date: _____

Name of cardholder: _____

Signature of card holder: _____

***STUDENT-INITIATED REFUNDS** will be given if requested at least two working days before the day of the first class meeting. After that time, no refunds can be given. **No refunds are issued if you fail to attend class.** All class cancellations or changes initiated by the student are subject to a processing fee of $12 per course.

Every effort has been made to make this publication accurate as of the publication date; however, all policies, procedures, tuition/fees and curriculum are subject to change at any time by appropriate action of instructors or administrators of the Northside ISD Adult and Community Education program. This publication is not intended to be a contract, explicit or implied, and the School District reserves the right to make changes regarding the information contained herein.

REGISTRATION FORM

Name _____ Birth Date ____/____/____ Sex: ❑M ❑F

Address _____

City _____ Zip _____

Home Phone: _____ Work Phone _____

E-mail Address: _____

COURSE INFORMATION

Course Number	Start Date	Time	Course Title	Book Tuition	Campus & Fee	Room No.

TOTALS_____ +_____=_____

Company name or personal name on check or credit card if different than person registering. _____

Pd by: Cash__ Check__ Visa__ MC__ Money Order__ *Credit___

Received by: _____

Date of Registration: _____

Ck or M.O. # _____

Card No: _____

Card Expiration Date: _____

Name of cardholder: _____

Signature of card holder: _____

***STUDENT-INITIATED REFUNDS** will be given if requested at least two working days before the day of the first class meeting. After that time, no refunds can be given. **No refunds are issued if you fail to attend class.** All class cancellations or changes initiated by the student are subject to a processing fee of $12 per course.

Every effort has been made to make this publication accurate as of the publication date; however, all policies, procedures, tuition/fees and curriculum are subject to change at any time by appropriate action of instructors or administrators of the Northside ISD Adult and Community Education program. This publication is not intended to be a contract, explicit or implied, and the School District reserves the right to make changes regarding the information contained herein.