



Inspiring Today's Learners for Tomorrow's

**ADULT EDUCATION REGISTRATION FORM
(Please Print)**

Name _____ Home Phone _____

Address _____

Class you want to register for _____

Are you a Bellefonte Area School District Resident? ____ Yes ____ No

Check enclosed in the amount of \$ _____ (Please make check payable to "Bellefonte Area School District." Please do not send cash.

Please return registration form and check before February 13, 2009, to:

Bellefonte Area School District
Adult Education Registration
318 North Allegheny Street
Bellefonte, PA 16823

If you would like a confirmation that we received your registration information, please include your e-mail address _____.