

Please print this registration form and fax it to us at 978-251-5154. You must also follow up on the fax by mailing your payment and the registration form.

Your spot will be held for a limited time.

Payment must be received ASAP!

Please include a separate registration form and check for each course.

Make checks payable to: *Chelmsford Public Schools*

Mail To: Chelmsford Community Education
200 Richardson Road
North Chelmsford, MA 01863

Course # _____ Course Name: _____

Starting Date: _____ Time: _____ Day(s): Tues. Thurs.

Name: _____

Street: _____ Town: _____ State: ____ Zip: _____

Home Phone: _____ Work Phone: _____

I am taking this course for high school credit: Yes ___ No ___

Written approval for High School credit must be obtained from the student's principal, dean, or guidance director prior to the start of class.

Course Tuition Enclosed \$ _____ Check # _____ Cash ___

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