

<b>Capistrano Unified School District</b> <b>COMMUNITY EDUCATION-ADULT SCHOOL REGISTRATION</b>		Payment: Cash		
		Check		
		Credit Card		
		Permission Slip:		Yes?
<b>Please Print</b>				
Student's Last Name		First Name		Date
Address (No. & Street)		City:	Zip:	Telephone:
Cell Phone		Email Address:		
Fax Number:				Student's Date of Birth:
Parent's name if student is a minor:				
In case of emergency notify: Name, Address & phone & back up phone.				
Course Name	Section Number#	Dates	School	Time
TO CHARGE TO CREDIT CARD: MasterCard or Visa Only:		Account No. _____ - _____ - _____ - _____		Expiration Date: _____
Credit Card Authorization Signature: _____				