

**Worcester Public Schools
ADULT EDUCATION/NIGHT LIFE
REGISTRATION FORM**

FOR OFFICE USE ONLY

DATE _____
PAID \$ _____
METHOD OF PAYMENT _____
RECEIVED BY _____

PLEASE CHECK, IF APPLICABLE

High School Authorization Form

High School _____

NAME _____ PHONE _____

ADDRESS _____

CITY/STATE/ZIP _____

COURSE	DAY/TIME	LOCATION

MAIL TO: WORCESTER PUBLIC SCHOOLS-NIGHT LIFE
24 CHATHAM STREET—ROOM 105
WORCESTER, MA 01609

ENCLOSE CHECK PAYABLE TO: *Worcester Public Schools*

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