

# Continuing Education Enrollment Form

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FIRST NAME

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LAST NAME

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MAILING ADDRESS

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SOCIAL SECURITY NUMBER. **THIS NUMBER IS REQUIRED FOR COURSES THAT ARE FUNDED IN PART USING STATE AND FEDERAL MONIES. THIS WILL ONLY BE USED BY STATE AGENCIES SUPPORTING COURSES OFFERED.**

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DAYTIME PHONE

EVENING PHONE

## **COURSE TITLE(S)**

1.

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2.

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3.

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## **TUITION PAYMENT**

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CHECK NO.

AMOUNT

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CREDIT CARD TYPE

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NAME ON CARD

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NUMBER

EXP.

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OTHER

## **PLEASE COMPLETE AND RETURN TO:**

Kathryn Daley, Continuing Education  
St. Johnsbury Academy, 1000 Main St., St. Johnsbury, VT 05819