

# Make Checks Payable To: Mt. Lebanon School District ONE Registration Form Per Class Per Person



Registration Form  
Continuing Education Classes

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Please Circle one:    Res.    NonRes.    G.C.

Course # \_\_\_\_\_                      Amount: \_\_\_\_\_



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Mail To: Mt. Lebanon High School  
Office of Continuing Education  
155 Cochran Road  
Pittsburgh, PA 15228  
412.344.2020