## **Spring Adult Education Registration Form 2025**

MAIL TO:
Patchogue-Medford Schools
Office of Instructional Services
241 S. Ocean Ave
Patchogue NY 11772

Submit a separate check and form for each course and person registring (age 18 & over) Make all checks paybable to: **PATCHOGUE-MEDFORD SCHOOLS** 

| Last Name:   | First Name:  |
|--|--|
| Address:   | City: Zip:   |
| Cell / Home Phone:   | Email:   |
| Course:  | Fee:   |
|  | Time:  |
| NON-RESIDENTS: Please add \$15 per course Senior Citizens: Must submit a copy of your de Please Note: Confirmation will NOT be sent. Submit a separate check and form for each compared to the | You will only be notified of a cancelled or full class.  tion Form 2025  ourse and person registring (age 18 & over)  MAIL TO: Patchogue-Medford Office of Instruction Office of Instruction Office of Instruction Office Age 18 & over) |
| Last Name:   | First Name:  |
| Address:   | City: Zip:   |
| Cell / Home Phone:   | Email:   |
| Course:  | Fee:   |
|  | Time:  |

NON-RESIDENTS: Please add \$15 per course

Senior Citizens: Must submit a copy of your drivers license for \$5.00 discount

Please Note: Confirmation will NOT be sent. You will only be notified of a cancelled or full class.