Community Education Registration Form

Accurate phone and email information will allow us to contact you about unforeseen date or time changes.

STUDENT NUMBER _____ LAST NAME _____ FIRST NAME _____ MI _____

STREET ADDRESS _____ CITY _____

STATE _____ ZIP _____ EMAIL _____

☐ Please check if you are a SENIOR Citizen (60 or older)

BIRTH DATE (To verify ADULT/SENIOR status) _____ - _____ - _____
MM - DD - YYYY

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

COURSE NUMBER	COURSE TITLE	START DATE	START TIME	LOCATION	FEE

Additional $12 per course for non-Virginia Beach Residents _____

TOTAL _____

Mail to ALC, 5100 Cleveland St., Virginia Beach, VA 23462
Fax to 757-648-6078

PAYMENT METHOD:

☐ CASH—Bills over $50 not accepted ☐ MONEY ORDER

☐ CHECK—Payable to ALC ☐ DISCOVER ☐ MASTERCARD ☐ VISA

PRINT Cardholder's Name (as it appears on card) _____

Card Number _____ - _____ - _____ - _____ Exp. Date ____/____

Cardholder's Signature _____ Three Digit Security Code _____
(on back of card)

WITHDRAWAL/TRANSFER POLICY: Student-initiated transfers and withdrawals will be assessed a $15 processing fee. Withdrawals must be submitted in writing seven business days before the class start date to be eligible for refund. Please allow two weeks for processing. No refunds are issued once class has started or if you fail to attend class without notification. Withdrawal requests may be emailed to ALCINFO@vbschools.com.

OFFICE USE ONLY

Office Receipt Number _____ Amount Paid _____ Initials _____ Date _____

Check ___ Credit Card ___ Cash ___ Money Order ___

Bookkeeper Receipt Number _____

VIRGINIA BEACH CITY PUBLIC SCHOOLS
CHARTING THE COURSE