UNION COUNTY VOCATIONAL-TECHNICAL SCHOOLS
CONTINUING EDUCATION DIVISION
1776 Raritan Road, Scotch Plains, NJ 07076
Phone: 908-889-8288 ext. 304 Fax: 908-889-4940

FALL 2026 - APPLICATION

Last Name: _____ First Name: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____ Date of Birth: _____

APPRENTICE: ____YES ____NO TRADE: _____

If you are an apprentice, complete the following section:

Sponsor: _____ Address: _____

County: _____ Business phone: _____

Contact Person: _____ Email Address: _____

COURSE TITLE	MEETING NIGHT	CLASS TIME	TUITION
		6:30 pm - 9:00 pm	
		6:30 pm - 9:00 pm	
		6:30 pm - 9:00 pm	
PAYMENT EXPECTED AT REGISTRATION NO EXCEPTIONS!		Registration Fee	$ 10.00
		Late fee	$
		Total Tuition	**$**

CLASSES WITH LOW ENROLLMENT WILL BE CANCELLED WITHIN 24 HOURS OF THE START DATE

You may be required to use various tools and equipment. Appropriate instruction in the proper use of tools and equipment is given, and close supervision is maintained. Every precaution is taken to prevent accidents. We ask your cooperation in impressing upon you the importance of being careful. All students must accept the obligation to obey the safety rules designed to protect them and others.

RELEASE INFORMATION: I am fully aware that the Union County Vocational-Technical School is a training institution, and the operators are not skilled or fully trained to provide professional services. It is agreed and understood that I will not hold the above-named school, or its administrators, instructors, or student operators liable or accountable for any injury, damage, or loss of personal property that may occur as a result of work services performed. I understand that all work in the Vocational-Technical Schools is performed by students under supervision. The Vocational Schools will not be responsible for repeat services, repairs, or guarantees of the product's efficiency.

Signature of Applicant: _____ Date: _____
(if over 18 years old)

Method of Payment:
Check____ Cash____ Credit Card____ Visa____ Master Card____ Discover ____

Security Code: _____ **Expiration Date:** _____ / _____

Cardholder's Signature: _____ Date: _____

Revised – March 6, 2017