

# ENROLLMENT FORM

## Continuing Education

Morris County Vocational School District

400 East Main Street, Denville, NJ 07834

Ph: (973) 627-4601, Ext. 245/296

Fax: (973) 586-4314 / Email: [adulthood@mcvts.org](mailto:adulthood@mcvts.org)

Please Mail or Fax Enrollment Form to Address Above

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

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

Birth Year \_\_\_\_\_ Email \_\_\_\_\_

Cell/Day Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Course Title\*

Tuition

Course Title*	Tuition

\*Some courses require a passing score on our Pre-Entrance Test, please see Prerequisite information.

### METHOD PAYMENT(S)

Check or Money Order Enclosed Payable to - MCST

I hereby authorize the use of my Debit/Credit Card



Card # _____	Exp. Date _____
CVC Code: _____	Signature _____

### More Ways to Sign-Up

- In Person, Building 2, Continuing Education Office
- Online at: [www.mcvts.edu](http://www.mcvts.edu)
- By Phone: (973) 627-4601, Ext. 245/296