

# COMMUNITY EDUCATION Registration Form

201-858-5850  
201-858-5914

MR.  
 MRS. \_\_\_\_\_  
 MISS \_\_\_\_\_ LAST NAME FIRST NAME  
 MS.

RESIDENCE \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_

CELL # \_\_\_\_\_

CLASS TITLE \_\_\_\_\_

DAY CLASS MEETS \_\_\_\_\_

HOURS \_\_\_\_\_

SCHOOL \_\_\_\_\_

ROOM \_\_\_\_\_



## PAYMENT INFORMATION

\_\_\_\_\_ CLASS FEE

\_\_\_\_\_ PAID

\_\_\_\_\_ DATE

**MAKE CHECK / MONEY ORDER PAYABLE TO:  
BAYONNE BOARD OF EDUCATION**

DATE CLASS BEGINS: \_\_\_\_\_

Mailing Address: Community Education Office, 669 Avenue A , Bayonne, N.J. 07002