

Student ID # _____



I attended Torrance Adult School Before: Yes No

Community Interest Enrollment Form

Last Name: _____ **First Name:** _____

Address: _____

City: _____ **Zip Code:** _____ **Phone:** (____) _____ - _____
Home Cell or Work

Email: _____

Gender: Male Female Non-Binary **Birth Date** _____
Month Day Year

Emergency Contact Information:

Contact Name: _____ **Relationship:** _____ **Phone:** _____
Home Cell or Work

Where did you hear about us: Friend Work Catalog Drive-By Internet/Web Instagram Twitter
 Facebook Family Member Other _____

Course Selection

Section #1 _____	Class Title _____	Fee Amt \$ _____
Section #2 _____	Class Title _____	Fee Amt \$ _____
Section #3 _____	Class Title _____	Fee Amt \$ _____
TOTAL AMT \$		_____

By signing this form, I agree to the Internet Agreement on the TAS website and the photo Release Agreement in the catalog. *If you do not agree to the Photo Release agreement, please submit a letter to the Torrance Adult School Administrator. By signing this form, I allow my school information to be shared with other educational/career institutions.

Student Signature: _____ **Date:** _____

Payment Information: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Credit Card <input type="checkbox"/> <input type="checkbox"/>	Expiration Date: ____/____
Card # <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
Card Holder Name: _____	Make Checks payable to: TUSD

Entered by _____ Date _____