



Registration Form

For information call
(908) 526-8900, ext. 7234 or 7250
Visit our website: www.scti.org

SOMERSET COUNTY VOCATIONAL & TECHNICAL SCHOOLS
Adult Continuing Education
P.O. Box 6350 • N. Bridge St. & Vogt Dr. • Bridgewater, NJ 08807-0350

PLEASE PRINT

Course Number _____ Course Title _____

M T W TH F S (Circle Days Scheduled)

Name (LAST) _____ (FIRST) _____ Telephone No. () _____

Address _____ Email: _____

Town _____ State _____ Zip _____

Social Security Number _____ County _____

Municipality, Boro or Township of **Actual Residence** _____

Employer _____

Employer's Address _____

County _____ Work Phone _____

High School Last Attended _____ City/State _____ Highest Grade Completed _____

Date of Graduation (Month/Year) _____ Do you have a GED? _____ If yes, from which state? _____

Are you a U.S. citizen? _____ If no, what is your status? _____

PLEASE NOTE: Federal and state governments require the Institute to submit summary information in the following areas. Your cooperation by completing this information will be appreciated. Individual information is not released.

SEX: () Male () Female MARITAL STATUS: () Single () Married

ETHNIC GROUP: () Caucasian () Black () American Indian () Hispanic () Asian

DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY

In-County Fee _____

BILLING COMMENTS _____

Out-of-County Fee _____ Registered By _____

Subtotal _____ Date _____

Senior Citizen Deduction _____ Payment Received By _____

TOTAL FEE _____ Date _____

TUITION AS LISTED ONLY. NO APPLICATION FEE.