



# Davis Adult and Community Education

Community Interest Fee Based Courses

## Printable Student Registration Form

Quarter: \_\_\_\_\_  
(Fall, Winter, Spring)

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

Are you 65 years or older?  Yes  No

If you are requesting a senior discount, please fill out drivers license information

Drivers License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Course: _____	Day/Time: _____
Course: _____	Day/Time: _____
Course: _____	Day/Time: _____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please write check to: <b>DJUSD</b> Mail to: DACE 315 W. 14 <sup>TH</sup> ST. Davis, Ca. 95616	Check Number: _____
	Office Staff Initials: _____
	Date Received: _____
	In ASAP: _____

*Please attend the first day of class unless notified otherwise. See our refund policy in FAQs.*