



Dauphin County Technical School – Adult Ed  
 6001 Locust Lane  
 Harrisburg, PA 17109  
 717-652-3170 ext 7445 or 743  
 Fax: 717-901-6766  
[www.workforcedev@dcts.org](http://www.workforcedev@dcts.org)

## Course Registration Form

Course Title: \_\_\_\_\_ Course Date: \_\_\_\_\_

**Please Complete All Information Below**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Employer:** \_\_\_\_\_

**PAYMENT METHOD**

Circle One: **Check** (Payable to DCTS) **VISA MC DIS MO CASH**

I authorize the Business Office at DCTS to charge my credit/debit card as circled above.

Amount to be charged: \$ \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

**How did you hear about DCTS?** Former Student Employer Internet Radio Facebook  
 Family Friend Close to home/work Other

**The PA Department of Education requires the following information. Please check the appropriate box.**

**Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_ **Ethnicity:** Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_

**Race:** Am. Indian or Alaskan Native \_\_\_\_\_ Caucasian \_\_\_\_\_

Black/African American \_\_\_\_\_ Multi-Racial \_\_\_\_\_

Native Hawaiian/Other Pacific Islander \_\_\_\_\_ Asian \_\_\_\_\_

**✚ No refunds will be granted after class has begun.**

