

# ORLEANS/NIAGARA BOCES ADULT/CONTINUING EDUCATION

## REGISTRATION FORM

**Mail completed form and payment to:** Orleans/Niagara BOCES Continuing Education  
**ATTN:** Theresa A. Little  
4124 Saunders Settlement Road  
Sanborn, NY 14132

**Please Print Legibly. Complete a separate form for each class**

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

SS Number: (optional) \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ Email: \_\_\_\_\_

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

Name of Course: \_\_\_\_\_

Course Code: \_\_\_\_\_ Start/End Dates: \_\_\_\_\_ to \_\_\_\_\_

1. Self-Pay:  Yes  No \*Company/Sponsor  Tuition or  Tuition and Textbook(s)
2. Fee Amount Enclosed: \_\_\_\_\_ Discover MC Visa Cash Check (*Made payable to O/N BOCES*)
3. Card Holder Name: \_\_\_\_\_
4. Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_
5. NYS Registered Apprentice:  Yes  No

**Please complete the box below if:** a) You are a NYS Registered Apprentice,  
b) Your company/sponsor is paying your tuition  
c) Your company/sponsor will require your final grades

Company/Sponsor Name: \_\_\_\_\_

Street: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

## REFUND POLICY

Prior to the start of classes: Call Continuing Education, 731-4176 ext. 3001, to receive a refund, less \$10.00 registration fee

Before Second Class: Requests in writing to Mr. Joseph Steinmetz. Refunds will not be issued after the beginning of the second class. Refunds may take 6-8 weeks to process.

## FOR OFFICE USE ONLY

Receipt Number: \_\_\_\_\_ Date Received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_



# ORLEANS/NIAGARA BOCES ADULT/CONTINUING EDUCATION

Please complete and return this form with the class registration to the Continuing Education Office. This information is reviewed before you can become enrolled in any class.

Have you ever been convicted of a crime?  Yes  No

Are there currently any criminal charges pending against you?  Yes  No

Are you prohibited by any law, court order, or other authority from enrolling in the BOCES' educational program or coming to school premises?  Yes  No

If the answer to any of the questions above is yes, then please provide details in the space below and use additional sheets if necessary. A conviction or pending charges is not an automatic bar to enrollment.

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## CERTIFICATION OF ACCURACY

I hereby certify that all of the information that has been entered on this form and on the registration form is true and accurate.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## CONSENT TO DISCLOSURE (OPTIONAL)

I hereby authorize Orleans/Niagara BOCES to disclose and furnish, to any agency or entity sponsoring my enrollment, any and all information and records regarding my attendance, performance, and conduct (including but not limited to any discipline matters) as a student of the BOCES.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## RETURN THIS COMPLETED FORM WITH THE CLASS REGISTRATION FORM

Mailing address: Orleans/Niagara BOCES Continuing Education  
**ATTN:** Theresa A. Little  
4124 Saunders Settlement Road  
Sanborn, NY 14132

Fax: (716) 731-1373-Attention: Adult Education

