



CONTINUING WORKFORCE EDUCATION REGISTRATION FORM



| COURSE TITLE | CLASS FEE \$ | CLASS DATES | TIME |
|--------------|-----------------|-------------|------|
|--------------|-----------------|-------------|------|

Name _____

Home Address _____

City _____ State _____ Zip Code _____

Telephone: Home _____ Work _____ Cell _____

e-mail address: _____

Payment Information:

Please complete the registration form and return it with your payment to confirm your seat. All checks are made payable to "Business and Industry Services" and submitted to:

Business & Industry Services
2855 Colonial Boulevard
Fort Myers, FL 33966

Refund Policy: The Coordinator of BIS (Business & Industry Services) will review requests for refund due to extenuating circumstances on a case-by-case basis.

I hereby certify that all information entered on this form is true to the best of my knowledge.

Student Signature

Date

All programs and courses are open for enrollment to all students without regard to race, color, sex, creed, religion, age, national origin or handicap.

The School District of Lee County is committed to ensuring that students with disabilities have equal access to programs and services and that their rights to confidentiality are protected. Please contact your school guidance office, program administrator or the district's Professional Standards, Equity and Recruitment office at 239-337-8330 for further information