

REGISTRATION FORM

Central Registration and Information 513-771-8881 or 800-441-0AKS (6257) Fax # 513-771-4932

□ Term I	□ Term II		□ Term III		□ Term IV	
Part-time classes only offered at Scarlet Oaks						
Step 2: Your 2	digit birth month		.//	_		
Important! Student's	Date of Birth:		//	_		
First Name		Initial		Last Name		
Address		City		State	Zip Code	
Telephone (Home)		(Mobile)		(Work)		
E-Mail Address						
Course #	Class Name		M T W Th S		\$	
Payment Method - Credit Card Check#			*Company or Agency Paid *Must attach copy of purchase order.			
Card #				_ Exp. Da	te/	
Make Check or Money Order F	Payable to: Great	Oaks				
Mail to: Great Oaks AWD - 303 Scarlet Oaks	Drive (Formerly 32		Road)			

By submitting this application I certify that I am 16 years of age or older.

Confirmation: If you provided an e-mail address, you will receive a confirmation via e-mail. There will be no confirmation of your registration by U.S. mail. Unless you hear from the campus at which you registered, by mail or phone, please plan to attend the first session that your class is scheduled.