



REGISTRATION FORM

Central Registration and Information 513-771-8881 or 800-441-OAKS (6257)

Fax # 513-771-4932

<input type="checkbox"/> Term I	<input type="checkbox"/> Term II	<input type="checkbox"/> Term III	<input type="checkbox"/> Term IV
<input type="checkbox"/> Diamond Oaks (Dent-West Side)	<input type="checkbox"/> Health Professions Academy	<input type="checkbox"/> Live Oaks (Milford)	<input type="checkbox"/> Scarlet Oaks (Sharonville)

Important! Create your own Student ID# __ / __ / _____

Step 1: Your 2 digit birth month

Step 2: Your 2 digit birth day

Step 3: The last 4 digits of your social security #

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. Date ____/____/____

Make Check or Money Order Payable to: **Great Oaks**

Mail to: Great Oaks AWD – Central Registration
 303 Scarlet Oaks Drive (Formerly 3254 E. Kemper Road)
 Cincinnati, OH 45241

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.