



PRE-REGISTRATION FORM

(FAX, MAIL OR WALK-IN)

Downey Adult School
12340 Woodruff Ave., Downey, CA 90241

FAX: (562) 940-6250

Phone: (562) 940-6200

www.DAS.edu

(Please print)

Last Name First Name MI

Sex: M F Birthdate: _____
Month Day Year

Home Address: _____
Number Street

City Zip

Phone: (Area Code) _____ (Number) _____

Email Address: _____

Signature _____ Date _____

(BE SURE TO INCLUDE COMPLETE COURSE NUMBER AND NAME OF CLASS)

*The course number can be found on the page with each class description
or on the Office Skills Center section on page 14.*

T 1:30-5:00
\$35

K-83
Doshay

55054105

Course No.: _____

Class Name: _____ Fee: \$ _____

Course No.: _____

Class Name: _____ Fee: \$ _____

Course No.: _____

Class Name: _____ Fee: \$ _____

TOTAL: \$ _____

METHOD OF PAYMENT: CREDIT CARD CHECK MONEY ORDER
(DO NOT MAIL CASH)

TYPE OF CREDIT CARD: VISA MASTERCARD

Account Number: _____

Expiration Date: _____ - _____ Total Amount: \$ _____
month year

Authorization Signature: _____ Date: _____