

**Chariho Adult Education
Registration Form
Teacher Assistant Class**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

E-Mail: _____

Do you have a Degree? Yes _____ No _____

Name of College _____

Type of Degree: _____

For office Use Only:

Course: **TEACHER ASSISTANT**

Cost: _____ Amount Paid: _____

Check #: _____ Balance: _____

Date: _____ Initials: _____