

SUMMER EXPLORATIONS REGISTRATION FORM
PLEASE PRINT CLEARLY!

Student Name: _____ Age: _____

Address: _____

Name of Parent/Guardian: _____

Home Phone: _____ Work Phone: _____

Emergency Phone: _____

Cell Phone: _____ Parent Email: _____

STUDENT EMAIL (if taking SAT and/or Driver Education) _____

Grade Completed 2022-2023 _____ Grade Entering 2023-2024 _____

School Attended: _____

Physician: _____ Physician Phone: _____

Medical/Food Allergies: _____

Check if your child attended Explorations July 2022 and information changed _____

Register online: www.trumbullconted.org

Make checks payable to: Trumbull Board of Education

Mail checks to: Trumbull Continuing Education, 72 Strobel Road,
Trumbull, CT 06611

CRS. CODE	COURSE TITLE	FEE
	Non Refundable Registration Fee	\$5.00
	Total Tuition	

PAYMENT INFORMATION

MASTERCARD / VISA / CHECK

CARD NO. _____

EXP. DATE _____ CVV _____ (3 digit # on back of card)

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