

BISD Community Education - Registration Form

I wish to register for the activities listed below. Enclosed is my check or money order made payable to BISD Community Services or my Discover/VISA/Mastercard account number to be charged. **I have read and understand the Community Education Guidelines; and agree to abide by them. Unless notified, I AM ENROLLED.**

Participant's Name: _____ DOB: _____

If Child, Age: _____ Grade: _____ Male Female

If participant is under 18: Parent/Guardian Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell/Work Phone: _____

E-mail Address: _____

COURSE NAME	START DATE	FEE
TOTAL		

Discover/VISA/MC (circle one) Account #: _____ Exp. Date: _____

Cardholder's Signature: _____ Today's Date: _____

Liability Release Statement: I hereby release Bastrop ISD for all responsibility in case of any accident or injury that occurs during a Community Education activity.

Participant/Parent Signature: _____

Do you have a child(ren) that attends a Bastrop ISD school? _____

If so, please complete the following for each child.

Name: _____ Grade: _____ Campus: _____

Name: _____ Grade: _____ Campus: _____

Name: _____ Grade: _____ Campus: _____

Name: _____ Grade: _____ Campus: _____



**Mail form to: BISD Community Services, 906 Farm Street, Bastrop, TX 78602
OR Register on-line at www.bastrop.isd.tenet.edu.**