

Please complete and mail to: Towle Institute, P.O. Box 580, Hockessin, DE 19707.

Towle Institute
Part-time Information Sheet

To be returned only if student will be attending as a part-time student.

Student's Name	_____	Date	_____
Parents' Names	_____	Grade	_____
Mailing Address	_____	Phone	_____

E-mail Address	_____		
Desired classes	_____		

A letter will be sent no later than early August confirming placement in the class(es).

Please complete and mail to: Towle Institute, P.O. Box 580, Hockessin, DE 19707.

Towle Institute
Part-time Information Sheet

To be returned only if student will be attending as a part-time student.

Student's Name	_____	Date	_____
Parents' Names	_____	Grade	_____
Mailing Address	_____	Phone	_____

E-mail Address	_____		
Desired classes	_____		

A letter will be sent no later than early August confirming placement in the class(es).