

Schalmont Central School District

Continuing Education Registration Form

Please Print In A Legible Manner. Thank You.

Name:

E-Mail Address:

Street Address:

Town and Zip Code:

Home Phone:

Business/Mobile Phone:

Course Name (1):

Day/Session And Time:

Fee:

Course Name (2):

Day/Session And Time:

Fee:

Course Name (3):

Day/Session And Time:

Fee:

Are You a Resident?

Are you a senior citizen?

Are you 18 years of age or older?

Total payment for all courses: \$

General Waiver Of Liability: by signing this release, I understand that the Schalmont central school district will not be held responsible for injury to person or loss of/damage to property.

Signature :

Mail checks to: Donna Notar, Schalmont Adult Education Office, 4 Sabre Drive, Schenectady, NY 12306

You will not receive registration confirmation. You will only be notified if your class is cancelled. Refunds: Class Fees Are Non-Refundable Unless A Program Is Cancelled. In The Event Of Cancellation, You Will Receive A Refund 30 Days After Notification Of Cancellation.