

SCHODACK
CENTRAL SCHOOL DISTRICT

Continuing Education Registration

Please use a separate form for each course and each person. This form may be copied. Payments may be combined. Make check or money order payable to **Schodack Central Schools** and mail to:

Continuing Education
Schodack Central School District
1477 South Schodack Road
Castleton, NY 12033

Registration forms must be received by February 20, 2024.

Course Title: _____ **Tuition Enclosed:** _____

Name: _____

Address: _____

E-mail: _____ **Telephone:** _____

In the event of a cancellation you will be notified by phone.

WAIVER INFORMATION

In the event of an emergency, I authorize the staff, nurse, doctors and/or emergency personnel to administer first aid or care as necessary. I understand that the Schodack Central School District does not provide medical insurance for participants and that in the event of any injury requiring medical treatment and/or hospitalization this will be paid for by my personal insurance.

Participant's Signature & Date: _____

All information must be completed before this registration can be processed. Please do not send cash through the mail.