

# **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, 2026.**

**Course Title:** \_\_\_\_\_ **Tuition Enclosed:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**In the event of a cancellation you will be notified by the instructor via email.**

#### **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 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, coverage will be provided via my personal insurance. Additionally, I have read and agree to the terms in Schodack Central School District Policy 5300.70, "Public Conduct on School Property", as provided with this registration form.

**Participant's Signature & Date:** \_\_\_\_\_

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