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 September 15, 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.