



Continuing Education Registration Form

Name: _____
Last Name First Name

Email Address: _____

Cell Phone: _____ Home Phone: _____

Mailing Address: _____

Course Name (1): _____ Fee: _____

Course Name (2): _____ Fee: _____

Course Name (3): _____ Fee: _____

Total Fee: _____

Please check appropriate box(es): Resident Non-Resident Resident Senior Citizen

General Waiver of Liability: By signing this release, I understand that Schalmont Central School District will not be held responsible for injury to person or loss of/damage to property.

Name (Please Print) Signature

Note: You will not receive a registration confirmation. You will only be notified if your class is canceled. Class fees are non-refundable unless a program is canceled. If the event of a cancelation, you will receive a refund within 30 days after notification of cancelation.