

Schenectady City School District
COURSE REGISTRATION FORM: FALL 2017

Continuing Education

You will only be notified if class is cancelled or met maximum.

Please fill out one form for each class. This form may be copied.

Last Name: _____ First Name: _____

Address: _____

Home phone: _____ Cell phone: _____

Course: _____

My check is enclosed in the amount of: \$ _____

My check number is: _____

(Non-Residents add \$5; Seniors over 65-years-old and current SCSD employees deduct \$5*; There is a \$5 late fee if registering after September 22, 2017) *Does not apply to courses \$5 or less. Please send one check per course.

**MAKE CHECK PAYABLE TO:
SCHENECTADY CITY SCHOOL DISTRICT or SCSD**

SEND TO: Continuing Education Department

Washington Irving Educational Center
422 Mumford Street, Schenectady, NY 12307
(518) 370-8220 or (518) 370-8350

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