

**Schenectady City School District
COURSE REGISTRATION FORM: SPRING 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 March 3, 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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