

SCS ADULT EDUCATION REGISTRATION

Course Title:

Dates Held or Session:

Your Name:

Street:

City:

State:

ZIP Code:

Phone (H)

Phone (W)

Phone (C)

School District of Residence

Fee Paid \$

Check #

Course Title:

Dates Held or Session:

Your Name:

Street:

City:

Phone (H)

Phone (W)

Phone (C)

School District of Residence

Fee Paid \$

Check #

Course Title:

Dates Held or Session:

Your Name:

Street:

City:

Phone (H)

Phone (W)

Phone (C)

School District of Residence

Fee Paid \$

Check #

Registration forms must be mailed, along with a check payable to **SCS Adult Education**, to the attention of: **Stacey Adams, Principal, Schoharie Jr./Sr. High School, PO Box 430, Schoharie, NY 12157**. Questions? Please call the High School Office at (518) 295-6601.