



Saranac
 Central School District
 Continuing Education Program

Where learning leads to a lifetime of opportunities...

SARANAC CONTINUING EDUCATION REGISTRATION FORM

Pre-registration Required At Least One Week Prior to Course Start Date

Please duplicate form for each person registering.

Name: _____ Date Submitted: _____
 Address: _____ Home Phone: _____
 City/Zip: _____ Work Phone: _____
 Email: _____ Cell Phone: _____

I would like to register for the following course(s):

Course Title: _____ ***Fee:*** _____

Course Title: _____ ***Fee:*** _____

Course Title: _____ ***Fee:*** _____

Course Title: _____ ***Fee:*** _____

TOTAL AMOUNT ENCLOSED: _____

Please make checks payable to: Saranac Continuing Education

Please mail check and registration form to:

Saranac Continuing Education Program
 Saranac High School
 60 Picketts Corners Road
 Saranac, New York 12981

Telephone: 518-565-5800
 Email: ahogle@saranac.org

Please remember no enrollment confirmation will be sent.

SARANAC CENTRAL SCHOOL DISTRICT IS NOT RESPONSIBLE FOR ANY PERSONAL INJURIES IN ASSOCIATION WITH THE CONTINUING EDUCATION PROGRAM.