

Whitehall-Coplay School District Registration Form for Adult Community Education Program Fall 2007

Print Name _____
(Last) (First) (MI)

Home address _____
(Number and Street)

(City) (State) (Zip)

Phone: Home () _____ Work () _____

E-mail _____

I am interested in the following class/classes:

1) Class title _____ Date _____ Fee\$ _____

2) Class title _____ Date _____ Fee\$ _____

3) Class title _____ Date _____ Fee\$ _____

4) Class title _____ Date _____ Fee\$ _____

Total amount enclosed: \$ _____

This form is to register for Whitehall's classes only; LCCC is registered through the college.

Signature _____ Date _____

Please send completed form and payment to:

(Payment must accompany registration)

Community Education Program
Whitehall-Coplay School District
2940 MacArthur Road
Whitehall, PA 18052

(or) you may drop form and pay off
at our District Office, at the same
address.

All classes will be held in our Middle School, parking and entrance to building is in the rear of building.

Whitehall-Coplay School District urges you to register as early as possible and at least two weeks prior to the Class's start date. Classes with inadequate enrollment are cancelled eight days prior to the start date. If you choose to register within several days of a course start date, we recommend that you call our Curriculum office at 610-439-1431, ext 1013 to verify course space availability.