



Registration Form

Please make checks payable to: S.C.E.

Name: _____ E-mail Address: _____

Address: _____ City _____ Zip _____

Home Phone: _____ Cell Phone: _____

If student is registering please include: Current Grade: _____ DOB _____ Emergency Contact/Phone: _____	<input type="checkbox"/> I would like to receive SCE e-News via e-mail
	<input type="checkbox"/> No thank you.
	<input type="checkbox"/> I already receive SCE e-News

Course Title/Start Date	First Name	Last Name	Amount Due
TOTAL DUE			

Method of Payment: CASH CHECK VISA MASTERCARD DISCOVER

Cardholder Name:	FOR OFFICE ONLY		
Card Number:	Exp Date		
Signature:		Check #	Amount Paid Date

SCE periodically takes pictures of participants for promotional purposes. If you do not want pictures of yourself or your family, please contact Community Education @ 715.526.2192 x3102. Please contact us prior to a class starting regarding any prior health concerns that may affect participation. *By signing this form you are certifying that you have adequate insurance coverage and absolve Shawano School District of any claim.

5 Ways to Register

U.S. Mail ~ Online ~ In Person ~ Drop Box ~ Phone



U.S. Mail

Fill out registration form.
 Include check or credit card info.
 Send to:
 Shawano Community Education
 1050 S Union Street
 Shawano, WI 54166

Online

www.ShawanoSchools.com
 'Click Community Education'

Drop Box

Shawano Middle School
 to the Right of
 the Main Entrance Doors

In Person

Shawano Middle School
 1050 S Union Street, Shawano
 Community Education Office, Room 102

Phone

715.526.2192 x3202