

Orchard Park Central School District Community Education Registration Form

Name_____

Street_____

City_____ Zip_____

Daytime Phone_____

Evening Phone_____

Cell Phone_____

Emergency Phone_____

Email Address_____

For Children Only:

Age_____ Grade_____ DOB_____

Parent's Name_____

Course Name_____

Beginning Date_____

Day:_____ Time:_____

Mail to: Community Education Office
Orchard Park High School
4040 Baker Road
Orchard Park, NY 14127

Make checks payable to:

Orchard Park Central School District

(Checks for TOURS are made payable to SCENIC EXCURSIONS)