

Name _____

Street _____

City _____ Zip _____

Daytime Phone _____

Evening Phone _____

Cell Phone _____

Emergency Phone _____

E-Mail 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

(unless otherwise stated in course description)