

SMART: REGISTRATION PAGE

This form may be duplicated. Use a separate form for each registration.

Student Name: _____ Date: _____
Exiting Grade May 2019: _____ School: _____ Teacher: _____
Home Address: _____
Street No. City Zip
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Parents' Names: _____ E-Mail _____

SMART: List three classes and alternates from the **SMART** schedule

Session I

Session II

1st Choice

2nd Choice

1st Choice

2nd Choice

Column A _____
Column B _____
Column C _____

SMART Fees: First Session: \$349 1st child/\$329 2nd child
Second Session: \$349 1st child/\$329 2nd child

TOTAL PAYMENT \$ _____

Make all checks payable to: **NEWTOWN CONTINUING EDUCATION, 12 Berkshire Road, Sandy Hook, CT 06482**
Phone/Fax: (203) 426-1787

Payment Type: (circle one)

Check MC Visa Discover Amex Charge #: _____ Exp.Date: _____ Security Code: _____

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