SKY VALLEY COMMUNITY SCHOOLS

SPONSORED BY MONROE PUBLIC SCHOOLS

360 804 2570 (phone) 360 804 2529 (fax) johnstonk@monroe.wednet.edu

Classes are not held during school breaks, holidays nor during severe weather/natural emergency closures.

To Register: Simply **mail this registration form with payment** to Sky Valley Community Schools, 200 East Fremont, Monroe, WA 98272. You may also register at the Community Schools Office from 8:00 AM to 4:30 PM. Sorry, no phone registrations or credit cards are accepted. For additional information on classes visit www.monroe.wednet.edu and www.ed2go.com/svcs (for online classes).

Consider yourself registered: To keep costs low **we do not send confirmations**. Students will be notified **ONLY** if a class is full, cancelled, or rescheduled. Requests for refunds must be made at least one week prior to the start date of the class.

School Closures: Classes will not be held nor students notified when schools are closed for breaks, holidays or for weather/natural emergency closures. When classes are cancelled due to a weather/natural emergency closure, make-up dates will be scheduled. Check the School Schedule Hotline at 360.804 2950 for schedule updates.

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Please print print **Sky Valley Community Schools Registration Form** ***Please***

Student name(s) _____ *Day phone* ( ) -

Address _____ *(zip)* *Evening phone* ( ) -

Name of class _____ *date* _____ *class fee $* _____

Name of class _____ *date* _____ *class fee $* _____

Name of class _____ *date* _____ *class fee $* _____

TOTAL $ _____

State law prohibits weapons, tobacco products, drugs and alcohol on public school property. Please help us keep our schools safe and drug free.

The User agrees to protect, indemnify and hold harmless the Monroe School District, their elected and appointed officials, employees, agents and staff from any claims, liabilities, damages, expenses or rights of action, directly or indirectly attributable to the User's activities and/or use of premises, except for the sole negligence of the Monroe Public Schools.

Signature _____ *Date* _____ ☐ Resident of Monroe School District ☐ Other _____

Comments and/or suggestions welcome: _____

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(For Office Use Only) Receipt # _____ Total $ _____ Check # _____ ☐ Cash

Refund Requested: Date _____ Amount $ _____ ☐ Entered on database