

Sparta Area School District Community Education Program

Class Registration Form

Personal Information		
Name:	Grade in school for children:	
Date of Birth for Minors:// Par	rent/Guardian Name for M	inors:
Address:Street	City	Zip
Phone: cell	home	
Email:		
Gender: MaleFemale Age: Child(0-5) Youth(6-18) Adult(19-54)Senior(55+) Shirt size if applicable: Youth Adult Class Information		
Class Name:	Date:	Fee: \$
Class Name:	Date:	Fee: \$
Class Name:	Date:	Fee: \$
	Total Class	s Fees: \$
Please make all checks payable to Sparta	a Area School District or SA	SD. Unless otherwise noted
All Community Education classes are decanceled if the minimum enrollment num		
Cor 900	Holly Church Community Education Coordinator 900 E Montgomery St. Sparta, WI 54656	

Please contact Holly Church at 608-633-1807 or hchurch@spartan.org with any questions.