Community and Continuing Education Program

Jersey Shore Area Senior High School
701 Cemetery Street
Jersey Shore, PA 17740
Contact John Wilt - Cell: 570.279.1075 ~ e-mail: jwilt@jsasd.k12.pa.us

Student Name _____ E-mail Address _____

Address _____ Zip Code _____

Phone_____ Course Name_____

Check all that are applicable:

❑ Resident of Jersey Shore School District ❑ Non Resident ❑ Senior Citizen (62 or older) ❑ ACT 48

Only check this box if you are a teacher seeking Act 48 credit for PDE

Credit/Debit Card #_____ _____ Expiration Date: _____

Visa and MasterCard ONLY **Security Code**

Make check or money order payable to: Jersey Shore Area School District (please **DO NOT** send cash).
Mail the completed form to the above address

Please register for one course per person per registration form. Feel free to make as many copies as you like!

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