



**REGISTRATION FORM (Please print clearly, Fill out Completely)**

**PLEASE CHECK ONE:**  Former Student  New Student Registration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Term:**  Winter  Spring I  Spring II  Summer  Fall I  Fall II

\_\_\_\_\_  
(Last Name) (First Name) (Preferred Name)  Male  Female

\_\_\_\_\_  
(Street Address) (City) (Zip)

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Emergency Contact Phone: ( ) \_\_\_\_\_ Name: \_\_\_\_\_

**How did you hear about our school?**  Returning Student  Brochure  Website  TV Commercial  Radio Ad  Drove By

**RACE:** (Mark all that apply)

- |   |                                   |   |
|---|-----------------------------------|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian    | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Alaskan Native   | <input type="checkbox"/> Filipino | <input type="checkbox"/> White            |
| <input type="checkbox"/> American Indian  | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other            |

Term	COURSE TITLE	DAYS/TIMES	FEE	<b>Office Use Only</b> Amt Pd: \$ _____ By: _____ <input type="checkbox"/> ASAP Rec # _____ <input type="checkbox"/> Chk <input type="checkbox"/> Cash <input type="checkbox"/> C/Card <input type="checkbox"/> Schol. Posted by: _____ Date: _____
Comment: _____				