

CLASS REGISTRATION

STUDENT'S FULL NAME _____
PARENT _____
ADDRESS _____ CITY _____ ZIP _____
EMPLOYERS OF PARENT/S _____
HOME PHONE _____ WORK _____ CELL _____
E-MAIL _____ STUDENT'S BIRTHDATE _____

CLASSES BY NUMBER:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

TOTAL HRS. _____



PLEASE USE A SEPARATE FORM FOR EACH STUDENT

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