

# San Luis Coastal Unified School District Adult Education Registration Form

Office Use Only Student # _____ Entered ASAP <input type="checkbox"/>
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Date: \_\_\_/\_\_\_/\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_ (Mandatory for State Attendance Purposes)      Female    Male (circle one)

Current Address: \_\_\_\_\_  
(Street) (City)

Zip Code: \_\_\_\_\_ Home Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent Participation Only - Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
 Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

**COURSE(S) REQUESTED – PLEASE COMPLETE THIS SECTION:**

Section #	Subject	Day	Time	Site/Room	Teacher
Section #	Subject	Day	Time	Site/Room	Teacher
Section #	Subject	Day	Time	Site/Room	Teacher
Section #	Subject	Day	Time	Site/Room	Teacher

.....  
**ADULT EDUCATION OFFICE USE ONLY**

This form has been checked for completeness: \_\_\_\_\_  
Person Registering Student

The following fees have been collected:  Regular Fee     10% Senior Discount     Other Special Discount

Amount: \$ + \$ + \$ = \$      Receipt # \_\_\_\_\_

Registration      Mat/Lab Fee      Textbook      Total

Cash: \$ \_\_\_\_\_  
 Check: # \_\_\_\_\_

Credit Card: (circle one)    VISA      MASTERCARD      DISCOVER

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Expiration Date: \_\_\_/\_\_\_      Code \_\_\_  
mo    yr