San Luis Coastal Unified School District

Community, Career and Adult Education

Registration Form

Office Use Only
Student ID #
Entered ASAP [ ]

Date:___________________

Last Name:________________________________First Name:___________________

Date of Birth___/___/___ (Mandatory for State Attendance Purposes) Female Male (circle one)

Address:____
(Street or PO Box) City Zip Code

Home Phone:________________________Cell or Work Phone:___________________

Email Address:____

FOR PARENT PARTICIPATION ONLY

Child's Name____________________________________Date of Birth___/___/___

Child's Name____________________________________Date of Birth___/___/___

*I would like to donate $5 to the Parent Participation Scholarship Fund [ ]

COURSE(S) REQUESTED – PLEASE COMPLETE THIS SECTION

SECTION #	COURSE NAME	DAY	TIME	SITE/ROOM	TEACHER
_ _ _ _ _ _					
_ _ _ _ _ _					
_ _ _ _ _ _					
_ _ _ _ _ _					

* *

OFFICE USE ONLY

Fees collected

REGISTRATION	MATERIAL / LAB FEE	TEXTBOOK	SCHOLARSHIP FUND	TOTAL

CREDIT CARD VISA MASTERCARD DISCOVER

__________ __________ __________ __________ EXP____/____

RECEIPT____________________

CASH ____________________

CHECK ____________________

VOUCHER____________________