MIS Form # 615
Rev. 08/19

DISTRICT SCHOOL BOARD OF PASCO COUNTY
CO-ENROLLED ADULT EDUCATION CLASS REGISTRATION FORM

NAME:_____ SSN: _____ PHONE: (___) _____
LAST FIRST M.

ADDRESS:_____
STREET CITY STATE ZIP

STUDENT NUMBER: _____ GRADE: _____ BIRTH DATE: _____
MM/DD/YYYY

REGISTRATION/WITHDRAWAL DATA

Base School East:

CCMHS 0123__LOLHS 0801__PHS 0031__SLHS 0101__WCHS 0063__WRHS 0090__ZHS 0131__

Center Enrolled East:

JIEC 7071__LOLHS 8801__PHS 8031__SLHS 8101__WCHS 8063__WRHS 8090__ZHS 8131__

Base School West:

AHS 0113__FHS 0114__GHS 0331__HHS 0521__JMHS 0073__MTC 0991__KTech 8931__RRHS 0471__

Center Enrolled West:

AHS 8113__FHS 8114__GHS 8331__HHS 8521__JMHS 8073__MTC 8991__KTech 8931__RRHS 8471__

Base School (Non-District School) _____

First Time Student Enrolled in Adult Education: Yes___ No __

Base School Pasco Center: **East** – JIEC 7071__ **West** – HSEC 0242__

TO BE COMPLETED BY SCHOOL COUNSELOR

COURSE TO BE REPEATED (Complete this box only if course was previously taken with a D or F grade)

COURSE TITLE	COURSE#	TEACHER	SEM	YEAR

ADULT EDUCATION COURSE TO BE TAKEN

COURSE TITLE	COURSE#	ADULT ED TEACHER	DAY	TIME	ROOM	CR
						0.5

Grade forgiveness for all courses will be limited to replacing a semester grade of D or F with a semester grade of C or higher.

SCHOOL COUNSELOR:_____DATE:_____
SIGNATURE PRINT NAME

The District School Board of Pasco County provides services for persons with documented disabilities. If you would like additional information on how to access these services, please notify your school counselor prior to enrollment.

AFFIDAVIT: I hereby certify that the information on this registration is correct to the best of my knowledge. By signing, I am giving my permission for use of this data included herein in managing the program for which I am registered. I agree to abide by the Adult Education Policies and Procedures on the back of this form.

STUDENT SIGNATURE:_____

STUDENT E-MAIL: _____

ADMINISTRATOR SIGNATURE:_____

PARENT SIGNATURE: _____

PARENT E-MAIL: _____

DATE: _____

COURSE TITLE	SEC #	STUDENT ENTRY DATE	DATA ENTRY DATE	CLERK