MIS Form #655 Rev. 11/08



DISTRICT SCHOOL BOARD OF PASCO COUNTY FEE SUPPORTED/COMMUNITY EDUCATION REGISTRATION/RECEIPT

LEGAL NAME					CENTER			
ADDRESS	Last	First		Middle	PHONE ()		
SEX: Male	Female	BIRTHDATE	/ Mo Day	•		dent Signatur		
request such ac	commodation pric	requires reasonab or to enrollment. unds will not be given		·	oarticipate in an a	adult educatio	n class mus	
COURSE TITLE	INSTRUC	CTOR SE	CTION	<u>DATE</u>	DAY	<u>TIME</u>	<u>FEE</u>	
					REGISTRATI	ON #		
					OFFICIAL RE	OFFICIAL RECEIPT #		
						TOTAL RECEIVED \$		
Official		Date						
Official	Signature		Date					

DISTRIBTUION: White - Cost Center; Canary - Teacher/Attendance; Pink - Student