

YCEC Registration Form

Last Name _____ First Name _____

Mailing Address _____

City _____ ZIP _____ Phone _____

E-mail _____

Today's Date _____ Male _____ Female _____

Adult _____ High School Student _____ For High School Credit? Yes _____ No _____
 (If Yes, Concurrent Enrollment Form Needs Completion)

Ethnic:	Handicapped:	Handicapped (cont):
<input type="checkbox"/> American Indian/Alaskan	<input type="checkbox"/> None	<input type="checkbox"/> Other Health Impaired
<input type="checkbox"/> Asian	<input type="checkbox"/> Hard of Hearing	<input type="checkbox"/> Mentally Retarded
<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Deaf	<input type="checkbox"/> Seriously Emotionally Disturbed
<input type="checkbox"/> Filipino	<input type="checkbox"/> Deaf/Blind	<input type="checkbox"/> Specific Learning Disability
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Visually Handicapped	<input type="checkbox"/> Multihandicapped
<input type="checkbox"/> Black, Not Hispanic Origin	<input type="checkbox"/> Speech Impaired	
<input type="checkbox"/> White, Not Hispanic Origin	<input type="checkbox"/> Orthopedically impaired	

COURSE NAME	BEG. DATE	TIME	INSTRUCTOR	FEE

**Make checks payable to: YHS*

 Student's Signature

 Instructor's Signature

FOR OFFICE USE ONLY

Cash Check# _____ Receipt# _____ Received by _____
 Binder Attendance Sheet Certificate CPR Card

PLEASE PRINT & FILL OUT COMPLETELY
 Use One Form per class; feel free to copy as needed.
 Return with CHECK payable to *Yosemite High School* to:
 Yosemite Unified School District - YCEC
 Educational Options Office
 Attention: Lawnna Porter
 50200 Road 427
 Oakhurst, California 93644

For any questions, contact the YCEC office at 683-8801, Ext. 366