

# 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 - Adult Education  
 Attention: Lawnna Porter  
 50200 Road 427  
 Oakhurst, California 93644

For any questions, contact the YCEC office at 683-8801, Ext. 303