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## Class Registration Form 2010 v2.0

**Returning students with a Student ID do not need to fill out the gray portions of this form.**

<b>Name</b>	
<b>Address</b>	
<b>Phone</b>	
<b>Email</b>	

<b>Class Requested</b>	
<b>Class Month / Date</b>	

**WAC 490-105-160 – State Licensed School Reporting Requirements:**

<b>Student ID #</b>		
<b>SSN #</b>		
<b>Date of Birth</b>		
<b>Gender</b>		
<b>Disability</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Race</b>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian Native or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other	
<b>Prior Education</b>	<input type="checkbox"/> Less than high school graduation <input type="checkbox"/> GED <input type="checkbox"/> High School Graduate <input type="checkbox"/> Post H.S., no degree or certificate <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Master or Doctorate Degree	GED Year _____ Graduation Year _____  Graduation Year _____ Graduation Year _____ Graduation Year _____
<b>Name of Last School Attended</b>		

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**