



PO Box 483
 Custer WA 98240
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 (360) 739-1428

Class Registration Form 2010 v2.0

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

Name	
Address	
Phone	
Email	

Class Requested	
Class Month / Date	

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

Student ID #		
SSN #		
Date of Birth		
Gender		
Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Race	<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	
Prior Education	<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 _____
Name of Last School Attended		

Student Signature

Date