



COLLEGE AND CAREER ADVANTAGE High School Registration Form

5th Period
Contract

Today's Date _____

Currently Enrolled in CCA

First Name _____ MI _____ Last Name _____

Birth Date _____ Age _____ M F

Ethnicity: Alaskan Native American Indian Asian Black/African American
 Filipino Hawaiian Hispanic/Latino Pacific Islander White Other

Street Address _____ City _____ Zip Code _____

Home Phone (____) _____ Student Cell Phone (____) _____

Emergency Phone (____) _____ Emergency Contact Person _____

Grade Level 9 10 11 12 Student ID # _____

Home High School _____ Academic Advisor _____

Your Email Address _____

Course Title _____ Course # _____

Days/Times _____ Location _____

Instructor _____ Your Start Date _____

I must attend the first class session or I may forfeit my place in class. Signature _____