

PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS
Evening High School Concurrent Enrollment Registration Form

Student ID: _____

Last Name: _____ First Name: _____

Grade Level _____ Sex _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

Work Phone: _____ Home Phone: _____ Mobile Phone: _____

SCHOOL NAME: _____ SCHOOL NUMBER: _____

The student above has permission to enroll in the following courses

Course Number	Course Title	Course Number	Course Title

Completion will allow this student to _____

List all courses the student is presently enrolled in:

Does this student have an IEP or 504? (if yes, attach to form) _____

Students who have pre-existing medical conditions that might impact attendance should provide documentation at the time of registration

Signature of Parent/Guardian

Date

Signature of Student

Date

Signature of Counselor

Date

Signature of Principal

Date

DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY EVENING HIGH SCHOOL EMPLOYEES

Date of Registration _____ Evening School Site _____

Signature of Counselor