



TELEPHONE: 949-837-8830

# DROP OFF REGISTRATION FORM

INCOMPLETE FORM WILL NOT BE PROCESSED

Please Print or Type : \_\_\_\_\_  
Last Name First Name

Address: \_\_\_\_\_  
Number Street Apt #

\_\_\_\_\_ City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender  Male  Female  Decline to say

Student Type:  Adult  Concurrent  Home High School (if Concurrent): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Ethnicity:  Asian  White  Native Hawaiian or other Pacific Islander  
 Black or African American  Filipino  American Indian  
 Alaska Native  Decline to Say

Section Number: _____	Class Title: _____
Start Date : _____	Fee: Total: \$ _____
Section Number: _____	Class Title: _____
Start Date : _____	Fee: Total: \$ _____
Section Number: _____	Class Title: _____
Start Date : _____	Fee: Total: \$ _____

We are unable to provide fax or telephone confirmation of your registration. However, we can provide you a mailed confirmation if you send us a stamped, self-addressed envelope. Send your envelope to:

H.S. Credit Recovery, 25631 Peter A. Hartman Way, Mission Viejo, CA 92691

FOR OFFICE USE ONLY		
Date Received: _____	Received By: _____	Receipt No.: _____
Student No. _____	Receipt No.: _____	
Entered By: _____	CA	CK