



MIAMI-DADE COUNTY PUBLIC SCHOOLS
 WORKFORCE DEVELOPMENT EDUCATION
 RE-REGISTRATION DATA INPUT FORM

DATE OF BIRTH _____

DATE _____

NAME _____

LAST

FIRST

MIDDLE

STUDENT ID NUMBER _____

SEC NUMBER	COURSE NUMBER	CLASS	DAYS	TIME	INSTRUCTOR
			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F		
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Counselor: _____

Date: _____



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