

Alachua County Public Schools  
Adult Education Division

**Student Continuation Registration Form**

*Students should ONLY complete this form if they have previously registered with the original Registration & Data Form and are continuing the original course to completion.*

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

Teacher Name: \_\_\_\_\_

Semester:  Fall  Spring

Site: \_\_\_\_\_

Course Continuing: \_\_\_\_\_

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*Last Name*

*First Name*

*Middle Name*

Florida Student Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex:  Male  Female

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

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

I wish to continue in the course listed above offered through Adult Education. All previous personal data is still valid.

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

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