

**2017-2018**  
**DASL REGISTRATION FORM**  
**(Fill one out for each student in your class)**

ID No. \_\_\_\_\_ Teacher: \_\_\_\_\_

(1) Name: \_\_\_\_\_  
*Last Name First name Middle Name or Initial*

(2) Address: \_\_\_\_\_  
*Street Name & Number PO Box (If Applicable) City, State, Zip*

(3) Parent's or Guardian's Name: \_\_\_\_\_

(4) Birth Date: \_\_\_\_\_ (5) Phone Number: \_\_\_\_\_  
*MM/DD/YYYY*

(6) Grade or Equivalent This Year (Required): \_\_\_\_\_

(7) Program Enrolled In:

ED

MD

HH

(8) District of Residence: \_\_\_\_\_

(9) Building of Attendance: \_\_\_\_\_

(10) Does this student attend TCTC (JVS)?  Yes  No (11) If so, what % of time: \_\_\_\_\_

(12) Date entered program: \_\_\_\_\_  
*MM/DD/YYYY*

(13) Has this student been in a TCESC classroom previously?  Yes  No

If so, When: \_\_\_\_\_ Where: \_\_\_\_\_  
*MM/DD/YYYY*

**When do I need to turn this in?**

- At the beginning of every school year (Due the end of the 2<sup>nd</sup> week!)
- Whenever a new student enters your class (ASAP for accurate billing)