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
			□M□T□W □T□ F		
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			□M□T□W □T□ F		

Counselor: _____ Date: _____

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