  BISD Adult Continuing Education Consortium for Cameron County

 **Dr. Jesus H. Chavez Ricardo Rivera**

 **Interim Superintendent Director**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registration for: \_\_GED\_** \_ **Room#/Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Circle one: 8:30 a.m. – 12:00 p.m. 12:30 p.m. – 4:00 p.m.**

 **5:00 p.m. – 8:00 p.m. other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Teacher Initials** | **Print Name** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |
| **6.** |  |
| **7.** |  |
| **8.** |  |
| **9.** |  |
| **10.** |  |
| **11.** |  |
| **12.** |  |
| **13.** |  |
| **14.** |  |
| **15.** |  |

SIGNATURE OF TEACHERS PRESENT:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE USE ONLY**

*Form to be returned with student’s folder.*

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