

WCCAE MAIL-IN REGISTRATION FORM

ALVARADO CAMPUS • 5625 Sutter Ave. • Richmond 94804 • Phone 510-231-1453 • www.wccae.info • adulted@wccusd.net

NAME _____ DATE _____
LAST FIRST MIDDLE

MALE FEMALE BIRTHDATE _____

ADDRESS _____ CITY ZIP

HOME PHONE _____ WORK PHONE _____ EMAIL _____
(Required for communication purposes only)

COURSE TITLE _____ INSTRUCTOR _____

COURSE CODE _____ FEE \$ _____

COURSE TITLE _____ INSTRUCTOR _____

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COURSE CODE _____ FEE \$ _____

CASH CHECK* (payable to: WCCAE) CHECK NUMBER _____ TOTAL FEES \$ _____
(*Fee of \$35 charged for insufficient funds, payable in cash only)

For statistical reporting only: (PLEASE CHECK the box that applies to you)

Check quarter: Fall Winter Spring Summer

Ethnicity: Alaskan American Indian Asian African American Filipino Hispanic White Other _____

Are you receiving financial assistance: Yes No

Are you participating in any of the following: AFDC WIA CalWorks SSI/Disability Unemployment Benefits

Thank you for selecting WCCAE as your educational provider!

For a confirmation of your registration, please mail registration form, payment and a self-addressed stamped envelope or just indicate to us to use your email address.