

T.E.A.C.H. CLEBURNE

Class Selection Form

ONE FORM FOR EACH STUDENT

Note: Course Monthly Fee: \$70 for 2-day/week classes // Course Monthly Fee: \$55 for 1-day/week classes

Student Name: _____ **Grade Entering:** _____

Family Name: _____

TUESDAY / THURSDAY

					T.E.A.C.H. Use Only	
Class Time	Class Name	Teacher	Course Fee	Lab Fees	Teacher's Initials	Data Registrar
8:00-8:55						
9:00-10:25						
10:30-11:55						
LUNCH (12:00-12:25)						
12:30-1:55						
2:00-3:30						
2:00-4:00						

WEDNESDAY

					T.E.A.C.H. Use Only	
Class Time	Class Name	Teacher	Course Fee	Lab Fees	Teacher's Initials	Data Registrar
8:00-9:55						
9:00-11:00						
10:00-11:55						
10:00-1:00						
LUNCH (12:00-12:25)						
12:30-2:25						
2:30-4:30						

T.E.A.C.H. Use Only:

Facility Fee:

Date of Registration: