**Spring Heights Education Center**
**Course of Study Extension School**

# Student Information and Enrollment Form

Use this form the first time you register for classes at Spring Heights and if any information changes. You do not need to complete this form for each term. There is a separate form used to register for individual classes. Return this form to:

**Lisa Tappe**
**2421 Hess Avenue**
**Wheeling, WV 26003**

Last Name _____ First Name _____ PID# _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone (only if OK to receive personal calls) _____

E-Mail _____ Date of Birth _____ Gender _____

Conference _____ District _____

Emergency Contact _____ Emergency Contact Phone _____

**Any dietary, physical or personal restrictions or limitations:**