



**MIAMI-DADE COUNTY PUBLIC SCHOOLS
WORKFORCE DEVELOPMENT EDUCATION
RE-REGISTRATION DATA INPUT FORM**

DATE OF BIRTH _____

DATE _____

NAME _____

LAST

FIRST

MIDDLE

VACS STUDENT ID NUMBER _____

PHONE NUMBER _____

IF CHANGE OF ADDRESS (Complete) _____ **ZIP CODE** _____

CT	REF NUMBER	CLASS	DAYS	TIME	INSTRUCTOR	LOCATION

FM-5345 Rev. (01-12)