Clear Form Import Data Submit Form

# MIAMI-DADE COUNTY PUBLIC SCHOOLS
# OFFICE OF WORKFORCE DEVELOPMENT EDUCATION
# RE-REGISTRATION DATA INPUT FORM

Miami-Dade County Public Schools
giving our students the world

**DATE OF BIRTH** _____

**DATE** _____

NAME _____
LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER _____ PHONE NUMBER _____

IF CHANGE OF ADDRESS (Complete) _____ ZIP CODE _____

| CT | REF NUMBER | CLASS | DAYS | TIME | INSTRUCTOR | LOCATION |
|---|---|---|---|---|---|---|
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