WHC Coalinga
Community and Continuing Education
Courses Registration Form

Contact Information

_____ _____ _____
Student's Last Name Student's First Name M.I.

_____ _____ _____ _____ _____
Street Address Apt. # City State Zip

_____ ____ ☐Home _____ ____ ☐Home
Phone# Ext ☐Work Alt. Phone# Ext ☐Work
☐Cell ☐Cell

Sex: ☐M ☐F Birth Date ____/____/_____

Age _____ Email Address _____@_____

Signature Parent/Guardian

_____

Emergency Contact Information

_____ _____ _____
Last First M.I.

_____ ____ ☐Home _____ ____ ☐Home
Phone# Ext ☐Work Alt. Phone# Ext ☐Work
☐Cell ☐Cell

Course(s) Requested

☐ Computer Basics for Seniors
☐ Computer Basics for Spanish Speakers
☐ ESL for Citizenship
☐ ESL for the Workplace
☐ French for Beginners
☐ German for Beginners
☐ Interpretive Dance for Kids (age 7-10)

Return to:
Associate Dean Raquel Rodriguez
559-934-2218

West Hills College
300 Cherry Lane
Coalinga CA 93210