White Sulphur Springs Schools
Adult Education

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(Date of Class)

STUDENT SIGN IN SHEET

PLEASE SIGN THE FOLLOWING FORM DECLARING THAT YOU ARE OVER THE AGE OF 16 AND/OR NOT ENROLLED AS A STUDENT IN THE LOCAL SCHOOL SYSTEM. YOU ALSO HAVE READ AND SIGNED THE RISK AND DISCLOSURE FORMS AT THE BEGINNING OF THE CLASS, AND ARE IN FULL AGREEMENT WITH THOSE TERMS.

Name of Class:				**Instructor(s):**		
Date	*Time*	*Signature*		*Date*	*Time*	*Signature*