



MAST @ FIU

Biscayne Bay Campus

EMAIL REGISTRATION FORM

Please provide the following information:

| Last Name of Parent | First Name | Middle Initial |
|----------------------|-----------------|----------------|
| | | |
| Last Name of Student | First Name | Middle Initial |
| | | |
| Email Address | Cellular Number | Home Telephone |
| | | |

Please mail this form to Ms. West at 172507@dadeschools.net. Thank you.

