Lakeland
COMMUNITY COLLEGE

Campus Kids

Student Class Schedule

Parent Name:	Child's Name:
Lakeland ID #:	Child's Birthday:
Lakeland Email:	Child's Gender: F ☐ M ☐
Semester/year that you are registering for:	
Field of study:	

Student/Parent Class Schedule

Day (M T W R F)	Start Time	End Time	Class	Room Number	Instructor	Credit Hours