

Gilroy Unified School District

Adult Education Student Data & REGISTRATION Form

The information will remain confidential and will be used only for internal use.

Today's date (MM/DD/20XX) _____ GUSD Student I.D.: _____

Last Name: _____ First: _____ Middle _____

If you attended a Gilroy Unified school. Print your name as it was when you attend school.

Date of Birth (required): _____ Email Address: _____

Street Address: _____ City: _____ State CA Zip: _____

Cell No.: _____ Home Phone No. _____

Emergency Contact Person: _____ Emergency Contact Phone No.: _____ Relationship: _____

Highest Grade Completed: _____ Employer: _____

How did you hear about us?

- School
- Friend/Relative
- News Paper/Magazine/Flyer
- Radio
- Online
- Other: _____

Awarded Assistance

- Bureau of Indian Affairs
- Cal-Works WIA Benefits
- GA-General Assistance
- SDI-State Disability
- SSI-Social Security
- None of the above

Personal Status

- Returning Gilroy Adult Ed Student
- Currently Employed
- Seasonal Worker
- Former /Current Foster or Group Home
- Former /Current IEP Student
- Dept. of Corrections
- Visually Impairment
- Hearing Impairment
- Other: _____

I would like the opportunity to talk with a career counselor.

List all High Schools / Adult Ed / Independent Studies you have attended beginning with the last school attended.

(If you brought all your transcript skip B, C, D.)

(A) School	(B) City / County	(C) What Year 19XX	(D) Approx. # of Units Completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student Signature (release of transcripts) _____

Date _____

Will you need Adult Ed Child Care? Yes for children 3 (or, out of diapers) to 12 years of age. From 6-9pm

OFFICE USE ONLY

First date of attendance _____ Class _____ Cyber High HSE A.M. HSE P.M.

Note: _____