



OAS STUDENT ID# _____

Legal Name: Last _____ First _____ Middle/Maiden _____

Address: Street Address _____ City _____ Zip _____

Cell Phone: _____ Home Phone: _____

Personal Email: _____

OAS* Email: oas _____ @oxnardunion.org

Emergency Contact:

Name	Phone Number	Relationship
_____	_____	_____

***New Student:** Your Oxnard Union email account will be created within 2-3 days of enrollment. Activate your Oxnard Adult School account by following the instructions at www.oxnardadulthood.us

SS# or ITIN
____-____-____

Gender: Male Female
 Non-binary

Birth Date:
Month _____ Day _____ Year _____
____ / ____ / ____

Birthplace: _____

_____ of children in K-12 schools in household. Name of school (s)

Ethnicity
(Mark one)

<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	Not Hispanic

Student Status
(Mark one)

<input type="checkbox"/>	Adult
<input type="checkbox"/>	New OAS Student

of Years of School Completed

Reasons for Enrolling
(Mark one in each column)

#1	#2	
<input type="checkbox"/>	<input type="checkbox"/>	Improve basic skills
<input type="checkbox"/>	<input type="checkbox"/>	Improve English
<input type="checkbox"/>	<input type="checkbox"/>	High School Diploma
<input type="checkbox"/>	<input type="checkbox"/>	High School Equivalency
<input type="checkbox"/>	<input type="checkbox"/>	Get a job or better job
<input type="checkbox"/>	<input type="checkbox"/>	Keep a job
<input type="checkbox"/>	<input type="checkbox"/>	Personal goal
<input type="checkbox"/>	<input type="checkbox"/>	Enter college
<input type="checkbox"/>	<input type="checkbox"/>	Enter training
<input type="checkbox"/>	<input type="checkbox"/>	Work-based project
<input type="checkbox"/>	<input type="checkbox"/>	Family goal
<input type="checkbox"/>	<input type="checkbox"/>	US citizenship
<input type="checkbox"/>	<input type="checkbox"/>	Military

Racial Group
(Mark one or more)

<input type="checkbox"/>	White
<input type="checkbox"/>	Black or African Am.
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Pacific Islander
<input type="checkbox"/>	Filipino
<input type="checkbox"/>	American Indian
<input type="checkbox"/>	Alaska Native
<input type="checkbox"/>	Other _____

Instructional Program
(Mark all that apply)

<input type="checkbox"/>	Basic Skills (ABE)
<input type="checkbox"/>	ESL
<input type="checkbox"/>	Citizenship
<input type="checkbox"/>	High School Diploma
<input type="checkbox"/>	High School Equivalency
<input type="checkbox"/>	Career Technical Ed
<input type="checkbox"/>	Adults w/ Disabilities
<input type="checkbox"/>	Community Enrichment
<input type="checkbox"/>	Other _____

Highest Degree Earned
(Mark one)

<input type="checkbox"/>	None
<input type="checkbox"/>	High School Equivalency
<input type="checkbox"/>	High School Diploma
<input type="checkbox"/>	Technical Certificate
<input type="checkbox"/>	Some College; no degree
<input type="checkbox"/>	AA/AS Degree
<input type="checkbox"/>	4-yr College Grad
<input type="checkbox"/>	Graduate Studies
<input type="checkbox"/>	Degree earned outside US
<input type="checkbox"/>	Most schooling outside US

Language Spoken at Home
(Mark one)

<input type="checkbox"/>	English
<input type="checkbox"/>	Spanish
<input type="checkbox"/>	Portuguese
<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Arabic
<input type="checkbox"/>	Thai
<input type="checkbox"/>	Tagalog
<input type="checkbox"/>	Korean
<input type="checkbox"/>	Russian
<input type="checkbox"/>	Farsi
<input type="checkbox"/>	Other _____

Employment Status
(Mark one)

<input type="checkbox"/>	Employed
<input type="checkbox"/>	Unemployed
<input type="checkbox"/>	Retired

How did you hear about OAS?
(Mark one)

<input type="checkbox"/>	Returning Student
<input type="checkbox"/>	Family / Friend
<input type="checkbox"/>	Radio Announcement
<input type="checkbox"/>	OAS Website
<input type="checkbox"/>	Other _____

School Info (Mark all that apply)

<input type="checkbox"/>	Returning OAS Student
<input type="checkbox"/>	Other Adult School attended _____
<input type="checkbox"/>	Community College attended _____

Barriers to Employment (Mark all that apply)

<input type="checkbox"/>	CalWORKS (or TANF)	<input type="checkbox"/>	Single Parent
<input type="checkbox"/>	Long Term Unemployment	<input type="checkbox"/>	Food Stamps
<input type="checkbox"/>	Low Income	<input type="checkbox"/>	English Language Learner
<input type="checkbox"/>	Migrant Farmworker	<input type="checkbox"/>	Low Levels of Literacy
<input type="checkbox"/>	Seasonal Farmworker	<input type="checkbox"/>	Individual with a Disability
<input type="checkbox"/>	Homeless	<input type="checkbox"/>	Foster Care Youth
<input type="checkbox"/>	Ex-Offender	<input type="checkbox"/>	Cultural Barriers

ESL Results
Verbal: _____ Reading: _____ Listening: _____ CASAS: _____ / _____

Start Date	End Date	Section #	Course Title	Instructor	Location	Days	Time

NO REFUNDS for a student who withdrawals voluntarily from a class after the start date. All fee-based classes included a \$20 non-refundable registration fee. Students participate at their own risk. By signing below, you agree to these terms.

Student Signature _____

Date _____

*****FOR OFFICE USE*****

Date: _____ Fee Paid: \$ _____ Receipt: _____

Cash _____ Visa _____ MC _____ Voucher _____

Check if student qualified for a payment plan.

Authorized OAS Employee Signature: _____