

Gilroy Unified School District

Adult Education Student Data & REGISTRATION FORM

The information will remain confidential and will be used for internal use/ La información se mantendrá en nuestra oficina

I am new to Gilroy Adult Ed/Nuevo estudiante

Re-Enroll. I am a former student of Gilroy Adult Ed/Soy alumno anterior de Gilroy Adult Ed

Today Date/Fecha (MM/DD/YYYY) _____ GUSD Student ID#/ Identificación _____

Last Name/ Apellido _____ First Name/ Nombre _____ Middle/ Segundo Nombre _____
If you attended a Gilroy Unified school, print your name as it was when you attended.

Date of Birth/ Fecha de nacimiento _____ Email Address/ Correo electrónico _____

Street Address/ Domicilio _____ City/ Ciudad/Condado _____ State/ Estado _____ Zip/ Código Postal _____

Cellphone #: _____ Home phone #/ Número de Casa: _____

Highest Grade Completed/ Años Cumplidos de escuela _____ Employer/ Empleador _____

Emergency/ Emergencia _____

Contact Person/ Persona de Contacto _____ Contact #/ Número de teléfono _____ Relationship/ Relación _____

I would like the opportunity to talk with a career counselor/Quiero tener la oportunidad de platicar con los consejeros de carreras.

List all High Schools/Adult Ed/Independent Studies you have attended, beginning with the last school attended/ Escriba todas las High Schools/Adult Ed/Estudios Independientes que hayas tenido en la última escuela.

School/ Escuela	City & County/Ciudad y Condado	Year/Año	# of units completed
1.			
2.			
3.			

Student Signature/Firma (release of transcripts) _____

Date/Fecha _____

Office Use Only:

First date of Attendance _____ Class _____ ABE _____ Diploma _____ HSE am/pm _____

Note: _____

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③ ★ STUDENT IDENTIFICATION <table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>①</td><td>①</td><td>①</td><td>①</td><td>①</td><td>①</td><td>①</td><td>①</td><td>①</td><td>①</td></tr> <tr><td>②</td><td>②</td><td>②</td><td>②</td><td>②</td><td>②</td><td>②</td><td>②</td><td>②</td><td>②</td></tr> <tr><td>③</td><td>③</td><td>③</td><td>③</td><td>③</td><td>③</td><td>③</td><td>③</td><td>③</td><td>③</td></tr> <tr><td>④</td><td>④</td><td>④</td><td>④</td><td>④</td><td>④</td><td>④</td><td>④</td><td>④</td><td>④</td></tr> <tr><td>⑤</td><td>⑤</td><td>⑤</td><td>⑤</td><td>⑤</td><td>⑤</td><td>⑤</td><td>⑤</td><td>⑤</td><td>⑤</td></tr> <tr><td>⑥</td><td>⑥</td><td>⑥</td><td>⑥</td><td>⑥</td><td>⑥</td><td>⑥</td><td>⑥</td><td>⑥</td><td>⑥</td></tr> <tr><td>⑦</td><td>⑦</td><td>⑦</td><td>⑦</td><td>⑦</td><td>⑦</td><td>⑦</td><td>⑦</td><td>⑦</td><td>⑦</td></tr> <tr><td>⑧</td><td>⑧</td><td>⑧</td><td>⑧</td><td>⑧</td><td>⑧</td><td>⑧</td><td>⑧</td><td>⑧</td><td>⑧</td></tr> <tr><td>⑨</td><td>⑨</td><td>⑨</td><td>⑨</td><td>⑨</td><td>⑨</td><td>⑨</td><td>⑨</td><td>⑨</td><td>⑨</td></tr> </table>											①	①	①	①	①	①	①	①	①	①	②	②	②	②	②	②	②	②	②	②	③	③	③	③	③	③	③	③	③	③	④	④	④	④	④	④	④	④	④	④	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	④ GENDER <input type="radio"/> Male <input type="radio"/> Female ⑤ DATE OF BIRTH <table border="1" style="width: 100%; text-align: center;"> <tr> <th>MM</th> <th>D</th> <th>D</th> <th>Y</th> <th>Y</th> </tr> <tr> <td>Jan <input type="radio"/></td> <td>①</td> <td>①</td> <td>20</td> <td>①</td> </tr> <tr> <td>Feb <input type="radio"/></td> <td>②</td> <td>②</td> <td>②</td> <td>②</td> </tr> <tr> <td>Mar <input type="radio"/></td> <td>③</td> <td>③</td> <td>③</td> <td>③</td> </tr> <tr> <td>Apr <input type="radio"/></td> <td>④</td> <td>④</td> <td>④</td> <td>④</td> </tr> <tr> <td>May <input type="radio"/></td> <td>⑤</td> <td>⑤</td> <td>⑤</td> <td>⑤</td> </tr> <tr> <td>Jun <input type="radio"/></td> <td>⑥</td> <td>⑥</td> <td>⑥</td> <td>⑥</td> </tr> <tr> <td>Jul <input type="radio"/></td> <td>⑦</td> <td>⑦</td> <td>⑦</td> <td>⑦</td> </tr> <tr> <td>Aug <input type="radio"/></td> <td>⑧</td> <td>⑧</td> <td>⑧</td> <td>⑧</td> </tr> <tr> <td>Sep <input type="radio"/></td> <td>⑨</td> <td>⑨</td> <td>⑨</td> <td>⑨</td> </tr> <tr> <td>Nov <input type="radio"/></td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Dec <input type="radio"/></td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	MM	D	D	Y	Y	Jan <input type="radio"/>	①	①	20	①	Feb <input type="radio"/>	②	②	②	②	Mar <input type="radio"/>	③	③	③	③	Apr <input type="radio"/>	④	④	④	④	May <input type="radio"/>	⑤	⑤	⑤	⑤	Jun <input type="radio"/>	⑥	⑥	⑥	⑥	Jul <input type="radio"/>	⑦	⑦	⑦	⑦	Aug <input type="radio"/>	⑧	⑧	⑧	⑧	Sep <input type="radio"/>	⑨	⑨	⑨	⑨	Nov <input type="radio"/>					Dec <input type="radio"/>					⑥ HIGHEST YEAR OF SCHOOL COMPLETED <table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td></tr> <tr><td>①</td><td>①</td></tr> <tr><td>②</td><td>②</td></tr> <tr><td>③</td><td>③</td></tr> <tr><td>④</td><td>④</td></tr> <tr><td>⑤</td><td>⑤</td></tr> <tr><td>⑥</td><td>⑥</td></tr> <tr><td>⑦</td><td>⑦</td></tr> <tr><td>⑧</td><td>⑧</td></tr> <tr><td>⑨</td><td>⑨</td></tr> </table> <input type="checkbox"/> Majority of my schooling was outside of U.S.			①	①	②	②	③	③	④	④	⑤	⑤	⑥	⑥	⑦	⑦	⑧	⑧	⑨	⑨	⑦ HIGHEST DIPLOMA OR DEGREE EARNED (Mark one) <input type="radio"/> None <input type="radio"/> HSE Certificate <input type="radio"/> High School Diploma <input type="radio"/> Technical/Certificate <input type="radio"/> Some college, no degree <input type="radio"/> A.A. / A.S. Degree <input type="radio"/> 4 yr. College Graduate <input type="radio"/> Higher than B.A. / B.S. <input type="radio"/> I earned the above outside of U.S.	⑧a ETHNICITY (Mark one) <input type="radio"/> Hispanic or Latino <input type="radio"/> not Hispanic or Latino ⑧b RACE (Mark one or more) <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Filipino <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native	⑨ NATIVE LANGUAGE (Mark one) <input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Chinese <input type="radio"/> Tagalog <input type="radio"/> Vietnamese <input type="radio"/> Cambodian <input type="radio"/> Korean <input type="radio"/> Hmong <input type="radio"/> Arabic <input type="radio"/> Russian <input type="radio"/> Farsi <input type="radio"/> Somali <input type="radio"/> Other Name other _____
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