

**Adult Education Registration**

**REGISTRATION FORM – PAGE 1 OF 2**

<b>COURSE NAME</b>		<b>TODAY'S DATE</b>
--------------------	--	---------------------

**STUDENT INFORMATION – PRINT CLEARLY**

COMPLETE ALL AREAS ON BOTH SIDES (#1 – 21)

<b>1.</b>	<b>2. Date of Birth:</b>	<b>3. Gender:</b> <input type="checkbox"/> Male / <input type="checkbox"/> Female
<b>4a. Last Name/Sur Name:</b>	<b>4b. First Name/Given Name:</b>	<b>4c. Middle Initial:</b>
<b>5a. Address:</b>		<b>5b. Apt #</b>
<b>5c. City:</b>		<b>5d. Zip Code:</b>
<b>6a. Home Phone:</b>		<b>6b. Cell Phone:</b>
<b>7. E-mail:</b>		

<p><b>8a. Student Type (I)</b> <i>Mark ALL that Apply</i></p> <p><input type="checkbox"/> Disabled Type: _____</p> <p><input type="checkbox"/> Displaced Homemaker</p> <p><input type="checkbox"/> Dislocated Worker</p> <p><input type="checkbox"/> Economic Disadvantage</p> <p><input type="checkbox"/> Food Stamps</p> <p><input type="checkbox"/> English Language Learner</p> <p><input type="checkbox"/> Limited Literacy</p> <p><input type="checkbox"/> Homeless</p> <p><input type="checkbox"/> Foster Care</p> <p><input type="checkbox"/> Ex-Offender</p> <p><input type="checkbox"/> Migrant</p> <p><input type="checkbox"/> Refugee</p> <p><input type="checkbox"/> Single Parent</p> <p><input type="checkbox"/> Veteran</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> None of the Above are Applicable</p>	<p><b>8b. Student Type (II)</b> <i>Mark ALL that Apply</i></p> <p><input type="checkbox"/> CalWORKs</p> <p><input type="checkbox"/> CalWORKs will end in 2 years or less</p> <p><input type="checkbox"/> Job Corps</p> <p><input type="checkbox"/> PELL Grant</p> <p><input type="checkbox"/> Student Loan</p> <p><input type="checkbox"/> SSI/SSA/SSDI</p> <p><input type="checkbox"/> TANF</p> <p><input type="checkbox"/> WIA</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> None of the Above are Applicable</p> <p><b>9. Labor Force Status</b> <i>Mark ONE (1)</i></p> <p><input type="checkbox"/> Employed</p> <p><input type="checkbox"/> Unemployed Number of months ____</p> <p><input type="checkbox"/> Not employed and not seeking work</p> <p><input type="checkbox"/> Going to be laid off</p> <p><input type="checkbox"/> Retired</p>	<p><b>10. Ethnicity</b> <i>Mark ALL that Apply</i></p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Pacific Islander</p> <p><input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> American Indian</p> <p><input type="checkbox"/> Alaska Native</p> <p><b>11. Hispanic or Latino?</b> <i>Mark ONE (1)</i></p> <p><input type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p><b>12a. Schooling (Part I)</b></p> <p>a.) <b>Current status:</b> I am attending school now. <i>Mark ONE (1)</i></p> <p><input type="checkbox"/> Yes _____</p> <p><input type="checkbox"/> No</p> <p>b.) Completed:</p> <p><input type="checkbox"/> Grade: 4<sup>th</sup> grade, or</p> <p><input type="checkbox"/> # of Years: _____</p>	<p><b>12b. Schooling (Part II)</b></p> <p>c.) Was the majority of your education earned outside of the U.S.? <i>Mark ONE (1)</i></p> <p><input type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>d.) Levels Completed: <i>Mark ALL that Apply</i></p> <p><input type="checkbox"/> High School Diploma</p> <p><input type="checkbox"/> GED/HSE Certificate</p> <p><input type="checkbox"/> High School Certificate of Completion or Attendance</p> <p><input type="checkbox"/> Technical Certificate</p> <p><input type="checkbox"/> Some College-No Degree</p> <p><input type="checkbox"/> AA/AS Degree</p> <p><input type="checkbox"/> 4 yr. College Graduate</p> <p><input type="checkbox"/> Advanced Graduate Studies</p> <p><input type="checkbox"/> None</p> <p>e.) Was this level achieved outside of the U.S.? <i>Mark ONE (1)</i></p> <p><input type="checkbox"/> Yes / <input type="checkbox"/> No</p>
---	---	---	--

**CONTINUED ON REVERSE SIDE**

## REGISTRATION FORM – PAGE 2 OF 2

**BE SURE ALL AREAS ARE COMPLETED ON BOTH SIDES (#1 – 21)**

<p><b>13. Income Level</b> (maximum annual <b>household</b> income including public assistance) <b>Mark ONE (1)</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><input type="checkbox"/> <b>Single:</b></p> <p><input type="checkbox"/> No Income</p> <p><input type="checkbox"/> \$7,500</p> <p><input type="checkbox"/> \$8,500</p> <p><input type="checkbox"/> \$9,500</p> <p><input type="checkbox"/> \$10,500</p> <p><input type="checkbox"/> \$11,500</p> <p><input type="checkbox"/> \$12,500</p> <p><input type="checkbox"/> \$13,500</p> <p><input type="checkbox"/> \$14,500</p> <p><input type="checkbox"/> \$15,500 +</p> </td> <td style="width: 50%; vertical-align: top;"> <p><input type="checkbox"/> <b>Married or Couple:</b></p> <p><input type="checkbox"/> No Income</p> <p><input type="checkbox"/> \$15,000</p> <p><input type="checkbox"/> \$16,000</p> <p><input type="checkbox"/> \$17,000</p> <p><input type="checkbox"/> \$18,000</p> <p><input type="checkbox"/> \$19,000</p> <p><input type="checkbox"/> \$20,000</p> <p><input type="checkbox"/> \$21,000</p> <p><input type="checkbox"/> \$22,000</p> <p><input type="checkbox"/> \$23,000</p> <p><input type="checkbox"/> \$24,000 +</p> </td> </tr> </table>	<p><input type="checkbox"/> <b>Single:</b></p> <p><input type="checkbox"/> No Income</p> <p><input type="checkbox"/> \$7,500</p> <p><input type="checkbox"/> \$8,500</p> <p><input type="checkbox"/> \$9,500</p> <p><input type="checkbox"/> \$10,500</p> <p><input type="checkbox"/> \$11,500</p> <p><input type="checkbox"/> \$12,500</p> <p><input type="checkbox"/> \$13,500</p> <p><input type="checkbox"/> \$14,500</p> <p><input type="checkbox"/> \$15,500 +</p>	<p><input type="checkbox"/> <b>Married or Couple:</b></p> <p><input type="checkbox"/> No Income</p> <p><input type="checkbox"/> \$15,000</p> <p><input type="checkbox"/> \$16,000</p> <p><input type="checkbox"/> \$17,000</p> <p><input type="checkbox"/> \$18,000</p> <p><input type="checkbox"/> \$19,000</p> <p><input type="checkbox"/> \$20,000</p> <p><input type="checkbox"/> \$21,000</p> <p><input type="checkbox"/> \$22,000</p> <p><input type="checkbox"/> \$23,000</p> <p><input type="checkbox"/> \$24,000 +</p>	<p><b>14. # of K-12 students in the family:</b></p> <hr/> <p><b>15. # of dependents:</b></p> <hr/>	<p><b>17. Native Language</b> <b>Mark ONE (1)</b></p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Cambodian</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Farsi</p> <p><input type="checkbox"/> Hmong</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Lao</p> <p><input type="checkbox"/> Russian</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Tagalog</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other: _____</p>
<p><input type="checkbox"/> <b>Single:</b></p> <p><input type="checkbox"/> No Income</p> <p><input type="checkbox"/> \$7,500</p> <p><input type="checkbox"/> \$8,500</p> <p><input type="checkbox"/> \$9,500</p> <p><input type="checkbox"/> \$10,500</p> <p><input type="checkbox"/> \$11,500</p> <p><input type="checkbox"/> \$12,500</p> <p><input type="checkbox"/> \$13,500</p> <p><input type="checkbox"/> \$14,500</p> <p><input type="checkbox"/> \$15,500 +</p>	<p><input type="checkbox"/> <b>Married or Couple:</b></p> <p><input type="checkbox"/> No Income</p> <p><input type="checkbox"/> \$15,000</p> <p><input type="checkbox"/> \$16,000</p> <p><input type="checkbox"/> \$17,000</p> <p><input type="checkbox"/> \$18,000</p> <p><input type="checkbox"/> \$19,000</p> <p><input type="checkbox"/> \$20,000</p> <p><input type="checkbox"/> \$21,000</p> <p><input type="checkbox"/> \$22,000</p> <p><input type="checkbox"/> \$23,000</p> <p><input type="checkbox"/> \$24,000 +</p>			
<p><b>16. Student Goal for This Year</b> <b>Mark ONE (1)</b></p> <p><input type="checkbox"/> Earn high school diploma or equivalency</p> <p><input type="checkbox"/> Get or retain a job</p> <p><input type="checkbox"/> Work-based project</p> <p><input type="checkbox"/> Military</p> <p><input type="checkbox"/> Earn U.S. Citizenship</p> <p><input type="checkbox"/> Personal or family goal</p>				

**18. Goal** **Mark ALL that Apply**

**My goal this program year is to:**

- |  |  |
|--|--|
| <p><input type="checkbox"/> Improve my academic skills</p> <p><input type="checkbox"/> Complete a course</p> <p><input type="checkbox"/> Get a job</p> <p><input type="checkbox"/> Earn more money</p> | <p><input type="checkbox"/> Earn a high school diploma or equivalent</p> <p><input type="checkbox"/> Transition from K-12 adult school to post-secondary</p> <p><input type="checkbox"/> Transition from non-credit to credit in post secondary</p> <p><input type="checkbox"/> Complete a post-secondary certificate, degree, or training program</p> |
|--|--|

### EMERGENCY CONTACT

<b>19a. Name:</b> _____	<b>19b. Relationship:</b> _____
<b>19c. Address:</b> _____	<b>19d. Phone:</b> _____
<b>19e. City:</b> _____	<b>19f. Zip Code:</b> _____

*By my signature below, I verify that all information contained in this document is true and correct:*

**21. Student's Signature:** \_\_\_\_\_

### Office Use Only

Student ID #:	Reading Form/Score:	Math Form/Score:	Testing Date:
---------------	---------------------	------------------	---------------