

Santa Cruz Adult School Registration/Entry Form

Please print clearly.

Today's Date _____ Social Security Number (Optional) _____

Last Name _____ First Name _____

Address _____ City/Zip _____

Telephone _____ Circle: Male Female Birthdate Month ____ Day ____ Year ____

Education Number of years of school completed (circle highest completed): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 College

Highest degree or diploma earned (circle one): None GED HS Diploma Technical Certificate AA/AS Degree

4 years College Graduate Graduate Studies Other _____ Earned in US? Yes No

Are you on CalWORKS? Yes No Have you attended Santa Cruz Adult School before? Yes No

Concurrent Students only: Attach referral form. High School: _____

Ethnicity (mark one or more):
 White Filipino
 Hispanic Amer Indian
 Black Alaskan Nat
 Asian Pacific Isl
 Other: _____

Language (mark one):
 English Tagalog
 Spanish Korean
 Vietnamese Lao
 Chinese Russian
 Hmong Farsi
 Other: _____

Instructional Program (mark one):
 ABE Adults w Disabilities
 ESL Health & Safety
 ESL Cit Home Economics
 CTE Parent Education
 HS Dip Older Adults
 GED Community Ed

Attainable Goal within Program Year 1=Primary 2= Secondary
 Improve reading & writing
 Improve English skills
 HS Diploma/GED
 Get a job
 Get a better job
 Retain a job
 Enter college or training
 Work-based project
 Family Goal
 US Citizenship
 Military
 Personal goal
 Other

Special Programs
 None
 Jail
 Community Corrections
 State Corrections
 Homeless Program
 Family Literacy
 Workplace Ed
 Tutoring
 Distance Learning
 Special Needs
 Alt Ed K12
 Non-traditional Training
 Other

Labor Force Status (mark one):
 Employed
 Unemployed
 Not employed; not looking for work
 Retired

Emergency Information:
 In case of emergency please contact:
 Name: _____
 Phone: _____

The office will provide this number:

ID Number _____

Signature of Student _____

Section #	Course Title	Location	Day	Time	Start Date	Fees
TOTAL FEES						

OFFICE USE ONLY:

Form of Payment: Cash Check Check # _____ Receipt # _____ Term 1 2 3

AIM Date Entered: _____ Initials _____ CASAS Tested Date _____ Initials _____