



REGISTRATION FOR PACIFIC GROVE ADULT SCHOOL Print Clearly. Fill out completely

PLEASE CHECK ONE: Former Student New Student **Term:** Winter Spring I Spring II Summer Fall I Fall II

Date of Registration: ___/___/___ Date of Birth ___/___/___ Adult Concurrent **Student ID #:** _____ or
Staff use only

_____ M / F _____
 Social Security Number (optional) Sex Last Name First Name M.I.

_____ City _____ Zip _____
 Street Address

Cell/Work _____ Home Phone _____ Emergency Number _____ Email Address _____

***LABOR FORCE STATUS (check one):** Employed Unemployed Not seeking work Retired

(Staff Use Only)

SECTION #	Term	COURSE TITLE	DAY/TIME	ROOM	TUTION/FEE <i>(Staff use only)</i>
					<input type="checkbox"/> Scholarship
					<input type="checkbox"/> Check # _____
					<input type="checkbox"/> Credit Card
					<input type="checkbox"/> Cash

PERSONAL STATUS <i>(Mark all that apply)</i>	INSTRUCTIONAL PROGRAM (Student Status)	RACE <i>(Mark all that apply)</i>	NATIVE LANGUAGE	ATTAINABLE GOALS <i>Within one year (Mark 2)</i>	SPECIAL PROGRAMS <i>(Student Status)</i>
<input type="checkbox"/> CalWORKs/TANF <input type="checkbox"/> Concurrent <input type="checkbox"/> Disabled <input type="checkbox"/> Dislocated Worker (laid off) <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> EDD <input type="checkbox"/> Public Assistance <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Single Parent <input type="checkbox"/> SSI <input type="checkbox"/> WIA or Training Funds	<input type="checkbox"/> ABE <input type="checkbox"/> Adults with Disabilities <input type="checkbox"/> Citizenship <input type="checkbox"/> Community Interest <input type="checkbox"/> ESL <input type="checkbox"/> GED <input type="checkbox"/> H.S. Diploma <input type="checkbox"/> Health & Safety <input type="checkbox"/> Home Economics <input type="checkbox"/> Older Adults <input type="checkbox"/> Parent Education <input type="checkbox"/> Vocational	<input type="checkbox"/> African American <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Filipino <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> English <input type="checkbox"/> Vietnamese <input type="checkbox"/> Hmong <input type="checkbox"/> Cambodian <input type="checkbox"/> Lao <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Tagalog <input type="checkbox"/> Korean <input type="checkbox"/> Armenian <input type="checkbox"/> Farsi	<input type="checkbox"/> Citizenship <input type="checkbox"/> Enter College <input type="checkbox"/> Family Goal <input type="checkbox"/> Get job <input type="checkbox"/> H. S. Diploma/GED <input type="checkbox"/> Improve skills <input type="checkbox"/> Military <input type="checkbox"/> Personal goal <input type="checkbox"/> Retain job <input type="checkbox"/> Work based project	<input type="checkbox"/> Carl Perkins <input type="checkbox"/> Corrections <input type="checkbox"/> Distance Learning <input type="checkbox"/> EL Civics <input type="checkbox"/> Enter College <input type="checkbox"/> Family Literacy <input type="checkbox"/> Homeless Program <input type="checkbox"/> Jail <input type="checkbox"/> Special Needs <input type="checkbox"/> Tutoring <input type="checkbox"/> Workplace Ed <input type="checkbox"/> None
				Number of years of school _____ Diploma or Degree _____	Completed: _____ Earned: _____

For Career Technical Education or CalWORKs Students **PBA** YES NO

How did you hear about Pacific Grove Adult Ed? _____

Signature _____