

REGISTRATION

REGISTRATION FORM/MAP & LOCATIONS



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

PLEASE CHECK ONE: Former Student New Student ;

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

Social Security Number (H.S, GED, CNA, HHA) _____ M / F _____ Sex _____
 Last Name First Name _____ M.I. _____

Street Address _____ City _____ Zip _____

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

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

| SECTION # | PERIOD | COURSE TITLE | DAY/TIME | ROOM | TUITION/FEE (Staff use only) |
|-----------|--------|--------------|----------|------|--|
| | | | | | <input type="checkbox"/> Scholarship |
| | | | | | <input type="checkbox"/> Check # _____ |
| | | | | | <input type="checkbox"/> Credit Card |
| | | | | | <input type="checkbox"/> Cash |

| PERSONAL STATUS (Mark all that apply) | INSTRUCTIONAL PROGRAM (Student Status) | RACE (Mark all that apply) | NATIVE LANGUAGE | ATTAINABLE GOALS Within one year (Mark 2) | SPECIAL PROGRAMS (Student Status) |
|--|---|---|---|--|--|
| <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 Completed: _____ Diploma or Degree Earned: _____ | | | | | |

For Career Technical Education or CalWORKs Students **PBA** **YES** **NO** _____
How did you hear about Pacific Grove Adult Ed? _____

Signature