

# 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: \_\_\_/\_\_\_/\_\_\_ or \_\_\_/\_\_\_/\_\_\_  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 **Signature** \_\_\_\_\_

**How did you hear about Pacific Grove Adult Ed?** \_\_\_\_\_