

Santa Clara Adult Education

STUDENT DATA AND REGISTRATION FORM

Please answer each question below. The information will remain confidential and be used only to assist with school funding. Thank you for your cooperation.

Today's date: _____ Student I.D.: _____

First Name: _____ Last Name: _____ M.I. _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: Home: _____ Work: _____ Cell: _____

Date of Birth (required): _____ Email Address: _____

In Case of an Emergency Call (Name): _____ Relationship: _____

Telephone No. of Emergency Contact: _____

<p>Annual Income</p> <input type="checkbox"/> Less than \$9,570 <input type="checkbox"/> Less than \$12,830 <input type="checkbox"/> Less than \$16,090 <input type="checkbox"/> Less than \$19,350 <input type="checkbox"/> More than \$19,350 <p>How many people live with you or (share) your income? _____</p> <p>Do any of these apply to you?</p> <input type="checkbox"/> BOGG Grant <input type="checkbox"/> Pell Grant <input type="checkbox"/> CalWORKS <input type="checkbox"/> WIA/JTPA <input type="checkbox"/> SSI - Supplemental Security Income <input type="checkbox"/> GA - General Assistance <input type="checkbox"/> Bureau of Indian Affairs Assistance <input type="checkbox"/> None of the above apply	<p>Gender</p> <input type="checkbox"/> Male <input type="checkbox"/> Female	<p>Native Language</p> <input type="checkbox"/> English <input type="checkbox"/> Korean <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Farsi <input type="checkbox"/> Chinese <input type="checkbox"/> Tagalog <input type="checkbox"/> Other: _____	<p>Attainable Goal(s) This Year</p> <p>Enter 1 for Primary Goal Enter 2 for Secondary Goal</p> <input type="checkbox"/> Personal Goal <input type="checkbox"/> Family Goal <input type="checkbox"/> Get a job <input type="checkbox"/> Retain a job <input type="checkbox"/> Improve English Skills <input type="checkbox"/> Improve Basic Skills <input type="checkbox"/> Military <input type="checkbox"/> Citizenship <input type="checkbox"/> H.S. Diploma/GED <input type="checkbox"/> Enter College or Training <input type="checkbox"/> Other _____
<p>Race</p> <input type="checkbox"/> White (Non-Hispanic) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Filipino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<p>Labor Force Status</p> <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired	<p>How did you hear about us?</p> <input type="checkbox"/> Catalogue <input type="checkbox"/> Channel 26 <input type="checkbox"/> Radio <input type="checkbox"/> Online <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Newspaper <input type="checkbox"/> Other: _____	

Course Title	Day	Time	Reg. Fee	Lab Fee	Office Use

METHOD OF PAYMENT

Cash Check # _____ Letter of Credit
 VISA MasterCard Gift Certificate

For Office Use Only: Other _____

Card No: _____ Exp. Date: _____ Security Code: _____

Signature: _____

Clerk's Initials

SORRY, NO REFUNDS! (SPACE WILL NOT BE RESERVED WITHOUT PAYMENT)