SAN MATEO ADULT AND COMMUNITY EDUCATION REGISTRATION FORM

Please Print Clearly

Date ____/____/____ **Student ID#** ___ ___ ___ ___ ___ ___ ___ ___ ___

Last Name_____First _____ Middle _____

Address _____
street apt. # city zip code

Telephone H(___)_____ W(___)_____ Sex: M___F___ Birthdate (month)____ (day)____ (year) ____

Education: Number of years of school completed *(circle the 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 Certificate HS Diploma Technical/Certificate A.A./A.S. Degree 4yr. College Graduate Graduate Studies Other _____

Have you attended San Mateo Adult School before? Yes ___ No ___ When? _____ Are you an employee of SMUHSD? __

Ethnicity *(mark one or more)*

___ White
___ Hispanic
___ Black
___ Asian
___ Filipino
___ Pac. Islander
___ Ameri. Indian
___ Alaskan Nat.
Other:
_____

Language *(mark one)*

___ English
___ Spanish
___ Vietnamese
___ Chinese
___ Hmong
___ Tagalog
___ Korean
___ Lao
___ Russian
___ Farsi
Other:
_____

Instructional Program *(mark one)*

___ Basic Skills (ABE)
___ ESL
___ ESL/Citizenship
___ Citizenship
___ High School
___ GED
___ Voc./Occup skills
___ Workforce Readiness
___ Adults w/ Disabilities
___ Health & Safety
___ Home Economics
___ Parent Education
___ Older Adults
___ Other

Attainable Goal Within Program Year

(mark one in each column)
1=Primary 2=Secondary

___	___	Improve basic skills
___	___	Improve English skills
___	___	H.S. Diploma/GED
___	___	Get a job
___	___	Retain a job
___	___	Enter college or training
___	___	Work-based project
___	___	Family goal
___	___	U.S. Citizenship
___	___	Military
___	___	Personal goal
___	___	Other

Special Programs *(mark one)*

___ None
___ Community Corrections
___ State Corrections
___ Homeless Program
___ Family Literacy
___ Workplace Ed.
___ Tutoring
___ Distance Learning
___ Special Needs
___ Enrolled in non-traditional training program
___ Other

Labor Force Status *(mark one)*

___ Employed
___ Unemployed
___ Not employed and not seeking work
___ Retired

Personal Status *(mark all that apply or leave blank)*

___ CalWorks
___ General Assistance
___ WIA
___ Rehabilitation
___ Concurrently Enrolled in high school/K12
___ Dislocated Worker
___ Veteran
___ Disabled
___ Displaced Homeworker
___ Single Parent
___ Pell Grant
___ BOG Grant
___ Other

New Classes

Section(s)	Course(s)	Day(s)/Time	Teacher	Room	Start date	Fees
__/__/__/__/__/__/	_____	_____/_____	_____	_____	_____/_____	_____
__/__/__/__/__/__/	_____	_____/_____	_____	_____	_____/_____	_____
__/__/__/__/__/__/	_____	_____/_____	_____	_____	_____/_____	_____
__/__/__/__/__/__/	_____	_____/_____	_____	_____	_____/_____	_____

Form of payment: Check or Credit Card (fill in numbers and expiration date below) ***Total Fees*** _____

Visa/MC Card number ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ Exp. Date ____/____

MAKE CHECKS PAYABLE TO ***San Mateo Adult School***

Student's Signature _____

THIS FORM IS NOT VERIFICATION OF ATTENDANCE

Office Use Only:

ESL: Beg Literacy ___ Beginning ___ Int. Low ___ Adv. Low ___ Adv. High ___
Basic Skills: Beg. Literacy ___ Beginning ___ Int. Low ___ Int. High ___ ASE Low ___ ASE High ___

ASAP: _____ **Date:** _____
TopsPro _____ **Date:** _____

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Registration form #375C Revised 4/2002