

SAN MATEO ADULT SCHOOL REGISTRATION FORM

Please Print Clearly

Have you attended San Mateo Adult School before? Yes ___ No ___

Student ID# _____ Birthdate (month) _____ (day) _____ (year) _____ Sex: M ___ F ___

Last Name _____ First _____ Middle _____

Address _____

Street

Apt. #

City

Zip Code

Telephone H () _____ Cell () _____ Email: _____

Emergency Contact Information:

Name: _____ Relationship _____ Phone No. _____

Education: Number of years of school completed (*circle the highest completed*): 1 2 3 4 5 6 7 8 9 10 11 12 College

Highest school level or diploma earned (*circle one*): None HS Diploma GED Certificate Technical/Certificate
Some college but no degree A.A./A.S. Degree 4 yr. College Graduate Graduate Studies Other _____

Majority of Education outside United States: Yes or No (*circle one*) Country of Origin: _____

<p>Ethnicity</p> <p>___ White ___ Pac. Islander ___ Hispanic ___ Ameri. Indian ___ Black ___ Alaskan Nat. ___ Asian Other: _____ ___ Filipino _____</p> <p>Native Language</p> <p>___ English ___ Portuguese ___ Arabic ___ Russian ___ Chinese ___ Spanish ___ Farsi ___ Tagalog ___ Hindi ___ Thai ___ Japanese ___ Vietnamese ___ Korean ___ Other</p>	<p>Labor Force Status</p> <p>___ Employed ___ Unemployed ___ Not employed and not seeking work ___ Retired</p> <p>Student Type</p> <p>___ CalWorks ___ Concurrently Enrolled in High School/K12 ___ Disabled ___ General Assistance ___ Veteran ___ WIA ___ Other</p>	<p>Student Goals (<i>mark two</i>)</p> <p>1 = Primary 2 = Secondary</p> <p>___ Get a job ___ Retain a job ___ H.S. Diploma/GED ___ Enter College or Training ___ U.S. Citizenship ___ Improve English Skills ___ Community Involvement ___ Computer Skills ___ Military ___ Family Goal/Parenting ___ Improve Basic Skills ___ Personal Goal ___ Other</p>
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New Classes

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

Refunds are ONLY given if a class is cancelled. Form of payment: Cash, Check or Credit Card (*circle one*) Total Paid \$ _____

MAKE CHECKS PAYABLE TO: San Mateo Adult School (One check per class) - Check Number(s): _____

Visa/MC Card number: _____ - _____ - _____ - _____ Exp. Date ____/____/____

Credit card transactions listed as **SMUHSD** (San Mateo Union High School District).

Student's Signature _____ Date: _____

Your signature authorizes San Mateo Adult School to share your educational information with other academic institutions.

This form is not verification of attendance ESL Orientation Date: _____