

SAN MATEO ADULT SCHOOL REGISTRATION FORM

Today's Date: / /

Have you attended San Mateo Adult School before?

Student ID#

Birthdate: month

day

year

Sex:

Last Name

First

Middle

Address

Street

Apt. #

City

Zip Code

Telephone ()

Cell ()

Email:

Emergency Contact Information:

Name:

Relationship

Phone No.

Education: Number of years of school completed (*enter your highest grade completed*):

Highest school level or diploma earned (check one):

None

H.S. 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:

Country of Origin:

Ethnicity

Native Language

Labor Status

Student Type

Student Goals: Primary

Secondary

New Classes

Section(s)

Course(s)

Day(s)/Time

Teacher

Room

Start date

Fees

CHECK HERE -> *if you agree to indemnify and hold the San Mateo Adult School harmless from and against any and all liability for injury which may be suffered by myself arising out of or in any way connected with my participating in this activity. I understand that **NO REFUNDS** will be given after the first class meeting unless the class or program is cancelled by the SAN MATEO ADULT SCHOOL.*

Refunds are ONLY given if a class is cancelled. Credit Card type:

Total Paid \$

Card number:

Exp. Date /

*Credit card transactions will be 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: _____

Office Use Only: **ADA type:** ESL or Regular Adult (*circle one*)

ASAP: _____ Date: _____ TopsPRO: _____ Date: _____