SAN MATEO ADULT SCHOOL REGISTRATION FORM

Today's Date: ____ / ____ / ____

Have you attended San Mateo Adult School before? No

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** Other

Student Goals: **Primary** _____ **Secondary** _____

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 (circel one)

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

Refunds are ONLY given if a class is cancelled. **Credit Card type:** _____ **Total Paid $** 0.00

Card number: _____ **Exp. Date** ____ / ____

Credit card transactions will be listed as **SMUHSD** *(**S**an **M**ateo **U**nion **H**igh **S**chool **D**istrict).*

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:** _____

Rev. 05/21/2015

PRINT SAVE EMAIL