

# BERKELEY ADULT SCHOOL STUDENT REGISTRATION FORM

Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Student ID \_\_\_\_\_

**Print Clearly**     Returning     New     Concurrent    **Term:**     Fall \_\_\_\_\_     Spring \_\_\_\_\_    AM    PM    EVE    or DL

First Name _____ Middle Name _____ Last Name _____			<b>Gender</b> <input type="radio"/> Male <input type="radio"/> Female	<b>Birth Date</b> _____ / _____ / _____ Month Day Year
Address _____ Apartment # _____		(____) _____ - _____		
City _____ State _____ Zip _____		<b>Primary Phone</b> <input type="radio"/> Home <input type="radio"/> Mobile <input type="radio"/> Work <input type="radio"/> Other		
<b>Email</b> _____				

**Labor Force Status (Check One)**

Not in labor force (retired, not seeking work)  
 Employed  
 Employed, with notice  
 Unemployed

**Ethnicity**

Hispanic or Latino  
 Not Hispanic or Latino

**Race (mark one or more)**

White  
 Asian  
 Black or African American  
 Native Hawaiian or Pacific Islander  
 Filipino  
 American Indian  
 Alaska Native

**Native Language**

English                       Korean  
 Spanish                         Hmong  
 Chinese                         Arabic  
 Tagalog                          Russian  
 Vietnamese                  Farsi  
 Cambodian                     Somali  
 Other \_\_\_\_\_

**Highest Diploma/Degree Completed**

None  
 High School Diploma  
 HSE Certificate (GED, HiSET, etc)  
 Technical Certificate  
 Some College (No Degree)  
 AA/AS Degree (2 Years of College)  
 Bachelor Degree (4 Years of College)  
 Graduate Degree

**Total Years of School Completed**  
 \_\_\_\_\_ Years (20 Max)

**Majority of Schooling Outside U.S.?**  
 Yes     No

**I earned my Degree outside the US**  
 Yes     No

**Birth Place** \_\_\_\_\_

**Marital Status**  
 Single     Couple

**Emergency Contact**

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Customer Group (check all that apply or leave blank)**

Basic Skills Deficiency  
 CalWORKS Recipient  
 Carl Perkins  
 Cultural Barriers  
 Disabled  
 Dislocated Worker  
 Displaced Homemaker  
 EDD Receiving CA Training Benefits  
 English Language Learner  
 Food Stamps  
 Foster care Youth  
 Free/reduced school lunch  
 Family Eligible for Medi-Cal  
 Exhausting TANIF w/in 2 yrs  
 Ex-offender  
 General Assistance  
 Homeless  
 Housing assistance (Sec. 8)  
 Long term Unemployed  
 Low Income  
 Low Levels of Literacy  
 Migrant or Seasonal Farm Worker  
 Rehabilitation Client  
 Single Parent  
 SSI Recipient  
 Veteran

Section #	Class Title	Teacher	Room	Day	Time	Cost

**ESL Info Only**    LLWT \_\_\_\_\_    Inter Struct: \_\_\_\_\_    Inter List: \_\_\_\_\_    Adv Str: \_\_\_\_\_    AdvList: \_\_\_\_\_

Writing Sample BL - BH - IL - IH - Bridge to ASE - Bridge to College    CASAS Taken: \_\_\_\_\_

<b>Traffic School Only</b>	Due Date: _____    Docket # _____    CDL #: _____ Court: _____    Certificate # _____	<b>24 Hour notice must be given for rescheduling Traffic School</b>
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**Fees Paid:**    Cash    Check # \_\_\_\_\_    VISA    MC    Discov    Am Ex    Exp Date \_\_\_\_\_    Receipt # \_\_\_\_\_    **Entered ASAP:**    **By:** \_\_\_\_\_

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