

BERKELEY ADULT SCHOOL STUDENT REGISTRATION FORM

Today's Date _____ / _____ / _____
Month Day Year

Student ID _____

Print Clearly <input type="radio"/> Returning <input type="radio"/> New Term: <input type="radio"/> Fall _____ <input type="radio"/> Spring _____ <input type="radio"/> YR _____		
Last Name (↑) _____	First Name (↑) _____	Middle Name (↑) _____
Address (↑) _____		Apartment # (↑) _____
City (↑) _____	State (↑) _____	Zip (↑) _____
Email (↑) _____		Gender <input type="radio"/> Male <input type="radio"/> Female
		Birth Date _____ / _____ / _____ Month Day Year
		ESL Class Time: Circle Preference 1 st choice: am aft evening DL 2 nd choice: am aft evening DL
		(____) _____ - _____ Primary Phone <input type="radio"/> Home <input type="radio"/> Mobile <input type="radio"/> Work <input type="radio"/> Other

Labor Force Status (Check One)

Not in labor force (retired, not seeking work, full-time student)

Employed

Employed, with notice

Unemployed

Ethnicity

Hispanic or Latino

Not Hispanic or Latino

Race (mark one or more)

White

Asian

Black or African American

Filipino

American Indian

Alaska Native

Native Hawaiian

Pacific Islander

Native Language

English Korean

Spanish Hmong

Chinese Arabic

Tagalog Russian

Vietnamese Farsi

Cambodian Somali

Other _____

Highest Diploma/Degree Completed

None

HSE Certificate (GED, HiSET, etc)

High School Diploma

Technical Certificate

Some College (No Degree)

AA/AS Degree (2 Years of College)

4 Year College Graduate

Higher than B.A/B.S.

Other Diploma/Degree

Individual Education Plan

Total Years of School Completed

_____ Years

Majority of Schooling Outside U.S.?

Yes No

I earned my Degree outside the US

Yes No

Birth Place _____

Emergency Contact

Name: _____

Relationship: _____

US 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

Class Number	Class Title	Teacher	Room	Day/Time	Cost

Assessment Info.	LLWT: _____ Int. Struct: _____ Int. List: _____ Adv. Str: _____ Adv. List: _____ Date: _____
Writing Sample: BL - BH - IL - IH - CAR - Bridge to Coll	CASAS Rdg: _____ CASAS Math: _____

Traffic School Only	Due Date: _____ Docket # _____ CDL #: _____
	Court: _____ Certificate # _____
<i>24 Hour notice must be given for rescheduling Traffic School</i>	

Fees Paid: Cash Check # _____ VISA MC Discov Am Ex Exp Date _____ Receipt # _____	Entered ASAP: _____ By: _____
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