SAN MATEO ADULT AND COMMUNITY EDUCATION REGISTRATION FORM

Please Print Clearly

leave blank – provided by district

Date ____/____/____ **Student ID#** ___ ___ ___ ___ ___ ___ ___ ___ ___

Last Name_____First _____ Middle _____

Address _____
street apt. # city zip code

Telephone H(___)_____ W(___)_____ Sex: M___F___ Birthdate (month)____ (day)____ (year) ____

Education: Number of years of school completed *(circle the highest completed)*: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 College

Highest degree or diploma earned *(circle one)*: None GED Certificate HS Diploma Technical/Certificate A.A./A.S. Degree 4yr. College Graduate Graduate Studies Other _____

Have you attended San Mateo Adult School before? Yes ___ No ___ When? _____ Are you an employee of SMUHSD? __

Ethnicity *(mark one or more)*

___ White
___ Hispanic
___ Black
___ Asian
___ Filipino
___ Pac. Islander
___ Ameri. Indian
___ Alaskan Nat.
Other:
_____

Language *(mark one)*

___ English
___ Spanish
___ Vietnamese
___ Chinese
___ Hmong
___ Tagalog
___ Korean
___ Lao
___ Russian
___ Farsi
Other:
_____

Instructional Program *(mark one)*

___ Basic Skills (ABE)
___ ESL
___ ESL/Citizenship
___ Citizenship
___ High School
___ GED
___ Voc./Occup skills
___ Workforce Readiness
___ Adults w/ Disabilities
___ Health & Safety
___ Home Economics
___ Parent Education
___ Older Adults
___ Other

Attainable Goal Within Program Year

(mark one in each column)
1=Primary 2=Secondary

___	___	Improve basic skills
___	___	Improve English skills
___	___	H.S. Diploma/GED
___	___	Get a job
___	___	Retain a job
___	___	Enter college or training
___	___	Work-based project
___	___	Family goal
___	___	U.S. Citizenship
___	___	Military
___	___	Personal goal
___	___	Other

Special Programs *(mark one)*

___ None
___ Community Corrections
___ State Corrections
___ Homeless Program
___ Family Literacy
___ Workplace Ed.
___ Tutoring
___ Distance Learning
___ Special Needs
___ Enrolled in non-traditional training program
___ Other

Labor Force Status *(mark one)*

___ Employed
___ Unemployed
___ Not employed and not seeking work
___ Retired

Personal Status *(mark all that apply or leave blank)*

___ CalWorks
___ General Assistance
___ WIA
___ Rehabilitation
___ Concurrently Enrolled in high school/K12
___ Dislocated Worker
___ Veteran
___ Disabled
___ Displaced Homeworker
___ Single Parent
___ Pell Grant
___ BOG Grant
___ Other

New Classes (CROSS OUT THE ONE THAT DOESN'T APPLY TO YOU)

	Section(s)	Course(s)	Day(s)/Time	Teacher	Room	Start date	Fees
under 50	1/1/8/8/1/8/	West Bay Community Band	Mon /7–9 PM	Miner	Bowditch	9/10	$60.00
over 49	0/8/0/8/2/0/	West Bay Community Band	Mon /7–9 PM	Miner	Bowditch	9/10	$00.00

MAIL-IN REGISTRATION

Step 1. Complete the registration form found in the adult education brochure. Please use a separate form for each person.

Step 2. Payment - Send a separate check for each class. Make checks payable to San Mateo Adult School. Please do not send cash. It may be lost in the mail.

Step 3. Mail the registration form and checks to: Registration Desk, San Mateo Adult School, 789 E.Poplar Avenue, San Mateo, CA 94401. You are registered in the class otherwise notified.

Form of payment: Check or Credit Card (fill in numbers and expiration date below) ***Total Fees*** _____

Visa/MC Card number ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ Exp. Date ____/____

MAKE CHECKS PAYABLE TO ***San Mateo Adult School***

Student's Signature _____

THIS FORM IS NOT VERIFICATION OF ATTENDANCE

Office Use Only:

ESL: Beg Literacy ___ Beginning ___ Int. Low ___ Adv. Low ___ Adv. High ___
Basic Skills: Beg. Literacy ___ Beginning ___ Int. Low ___ Int. High ___ ASE Low ___ ASE High ___

ASAP: _____ **Date:** _____
TopsPro _____ **Date:** _____

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Registration form #375C Revised 4/2002