

Santa Clara **STUDENT DATA** and Adult Education **REGISTRATION FORM**

Have you taken classes at our school before?
Yes No

Please answer each question below. The information will remain confidential and be used only to assist with school funding. Thank you for your cooperation.

PERSONAL INFORMATION

Today's date (MM/DD/2010) _____ Student I.D.: _____
 Last Name: _____ First Name: _____ M.I.: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Telephone No.: Home: _____ Work: _____ Cell _____
 Date of Birth (required): _____ Email Address: _____
 In Case of an Emergency Call (Name): _____ Relationship: _____
 Telephone No. of Emergency Contact: _____

DEMOGRAPHICS

<p>Race/Ethnicity</p> <input type="checkbox"/> White (Non-Hispanic) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Filipino <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Hispanic or Latino <p>Do any of these apply to you?</p> <input type="checkbox"/> CalWorks <input type="checkbox"/> WIA <input type="checkbox"/> SSI - Supplemental Security Income <input type="checkbox"/> GA - General Assistance <input type="checkbox"/> Bureau of Indian Affairs Assistance <input type="checkbox"/> None of the above apply	<p>Gender</p> <input type="checkbox"/> Male <input type="checkbox"/> Female <p>Native Language</p> <input type="checkbox"/> English <input type="checkbox"/> Korean <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Farsi <input type="checkbox"/> Chinese <input type="checkbox"/> Tagalog <input type="checkbox"/> Other: _____ <p>Labor Force Status</p> <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Not employed and not seeking work <input type="checkbox"/> Retired	<p>Other</p> <input type="checkbox"/> Individual with disabilities <input type="checkbox"/> Single Parent <input type="checkbox"/> Limited English Skills <input type="checkbox"/> Displaced Homemaker <p>How many people live with you that share the same income (include yourself)? _____</p> <p>Annual Household Income</p> <input type="checkbox"/> 0-\$37,150 <input type="checkbox"/> \$37,151-\$42,450 <input type="checkbox"/> \$42,451-\$47,650 <input type="checkbox"/> \$47,651-\$53,050 <input type="checkbox"/> \$53,051-\$61,550 <input type="checkbox"/> \$61,551-\$65,800 <input type="checkbox"/> \$61,551+	<p>Attainable Goal(s) This Year</p> <p>Enter 1 for Primary Goal Enter 2 for Secondary Goal Please mark ONLY two.</p> <input type="checkbox"/> Get a job <input type="checkbox"/> Retain a job <input type="checkbox"/> Personal Goal <input type="checkbox"/> Family Goal <input type="checkbox"/> Improve English Skills <input type="checkbox"/> H.S. Diploma/GED <input type="checkbox"/> Military <input type="checkbox"/> Citizenship <input type="checkbox"/> Enter College or Training <input type="checkbox"/> Other: _____ <p>How did you hear about us?</p> <input type="checkbox"/> Catalog <input type="checkbox"/> Channel 26 <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Online <input type="checkbox"/> Other: _____
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CLASS INFORMATION

Course Title	Day	Time	Registr'n Fee	Lab Fee	Catalog Page #	Office Use

METHOD OF PAYMENT

Cash Check # _____ Letter of Credit
 VISA MasterCard Gift Certificate

For Office Use Only: Other _____

Card No: _____ Exp. Date: _____ Security Code: _____

Signature: _____

SORRY, NO REFUNDS! (SPACE WILL NOT BE RESERVED WITHOUT PAYMENT)

Clerk's Initials