

COURSE ENROLLMENT FORM

PLEASE PRINT CLEARLY



Student ID# _____

Secondary ID# _____
 Not applicable

Gender: Male Female

Birth Date: _____

Birthplace: _____

_____ of children in K-12 schools living with you

Name: _____
 Last First Middle/Maiden

Address: _____
 Street Address City Zip

Home Phone: _____ Other Phone: _____

E-mail: _____

Emergency Contact: _____
 Name Phone Number Relationship

Ethnicity
(Mark one)

Hispanic
 Not Hispanic

Student Status
(Mark one)

Adult
 Concurrent

of Years of School Completed

Reasons for Enrolling
 #1 #2 (Mark one in each column)

<input type="checkbox"/>	<input type="checkbox"/>	Improve basic skills
<input type="checkbox"/>	<input type="checkbox"/>	Improve English
<input type="checkbox"/>	<input type="checkbox"/>	High School Diploma
<input type="checkbox"/>	<input type="checkbox"/>	High School Equivalency
<input type="checkbox"/>	<input type="checkbox"/>	Get a job or better job
<input type="checkbox"/>	<input type="checkbox"/>	Keep a job
<input type="checkbox"/>	<input type="checkbox"/>	Personal goal
<input type="checkbox"/>	<input type="checkbox"/>	Enter college
<input type="checkbox"/>	<input type="checkbox"/>	Enter training
<input type="checkbox"/>	<input type="checkbox"/>	Work-based project
<input type="checkbox"/>	<input type="checkbox"/>	Family goal
<input type="checkbox"/>	<input type="checkbox"/>	US citizenship
<input type="checkbox"/>	<input type="checkbox"/>	Enter Military
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Racial Group
(Mark one or more)

White
 Black or African Am.
 Asian
 Pacific Islander
 Filipino
 American Indian
 Alaska Native
 Other: _____

Instructional Program
(Mark all that apply)

Basic Skills (ABE)
 ESL
 Citizenship
 High School Diploma
 High School Equivalency
 Career Technical Education
 Adults w/ Disabilities
 Community Enrichment
 Other: _____

Highest Degree Earned
(Mark one)

None
 High School Equivalency
 High School Diploma
 Technical Certificate
 Some College; no degree
 AA/AS Degree
 4-yr College Grad
 Graduate Studies
 Degree earned outside US
 Most Schooling outside US

Native Language
(Mark one)

English
 Spanish
 Mixteco
 Vietnamese
 Chinese
 Arabic
 Cambodian
 Tagalog
 Korean
 Russian
 Farsi
 Other

Employment Status
(Mark one)

Employed
 Unemployed
 Retired

How did you hear about OAS?
(Mark one)

Returning Student
 Family / Friend
 OAS Website
 Other: _____

School Info (Mark all that apply)

New OAS Student Returning OAS Student

Other Adult School attended _____
 Community College attended _____

Barriers to Employment (Mark all that apply)

<input type="checkbox"/>	CalWORKS (or TANF)	<input type="checkbox"/>	Single Parent
<input type="checkbox"/>	Long Term Unemployment	<input type="checkbox"/>	Displaced Homemaker
<input type="checkbox"/>	Low Income	<input type="checkbox"/>	English Language Learner
<input type="checkbox"/>	Migrant Farmworker	<input type="checkbox"/>	Low Levels of Literacy
<input type="checkbox"/>	Seasonal Farmworker	<input type="checkbox"/>	Individual with a Disability
<input type="checkbox"/>	Homeless	<input type="checkbox"/>	Foster Care Youth
<input type="checkbox"/>	Ex-Offender	<input type="checkbox"/>	Cultural Barriers

ESL Results

Verbal: _____ Reading: _____ Listening: _____ CASAS: _____ / _____

Start Date	End Date	Section #	Course Title	Instructor	Location	Days	Time

NO REFUNDS will be issued once a class begins.
 \$20 Registration fee is non-refundable. Students participate at their own risk.
 By signing below you agree to these terms.

Student Signature _____

Date _____

*****FOR OFFICE USE*****

Date: _____ Fee Paid: \$ _____ Receipt: _____

Cash _____ Visa _____ MC _____ Voucher _____ Check# _____

Authorized OAS Employee Signature: _____

