

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)	
<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	Not Hispanic

Student Status (Mark one)	
<input type="checkbox"/>	Adult
<input type="checkbox"/>	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)	
<input type="checkbox"/>	White
<input type="checkbox"/>	Black or African Am.
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Pacific Islander
<input type="checkbox"/>	Filipino
<input type="checkbox"/>	American Indian
<input type="checkbox"/>	Alaska Native
<input type="checkbox"/>	Other: _____

Instructional Program (Mark all that apply)	
<input type="checkbox"/>	Basic Skills (ABE)
<input type="checkbox"/>	ESL
<input type="checkbox"/>	Citizenship
<input type="checkbox"/>	High School Diploma
<input type="checkbox"/>	High School Equivalency
<input type="checkbox"/>	Career Technical Education
<input type="checkbox"/>	Adults w/ Disabilities
<input type="checkbox"/>	Community Enrichment
<input type="checkbox"/>	Other: _____

Highest Degree Earned (Mark one)	
<input type="checkbox"/>	None
<input type="checkbox"/>	High School Equivalency
<input type="checkbox"/>	High School Diploma
<input type="checkbox"/>	Technical Certificate
<input type="checkbox"/>	Some College; no degree
<input type="checkbox"/>	AA/AS Degree
<input type="checkbox"/>	4-yr College Grad
<input type="checkbox"/>	Graduate Studies
<input type="checkbox"/>	Degree earned outside US
<input type="checkbox"/>	Most Schooling outside US

Native Language (Mark one)	
<input type="checkbox"/>	English
<input type="checkbox"/>	Spanish
<input type="checkbox"/>	Mixteco
<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Arabic
<input type="checkbox"/>	Cambodian
<input type="checkbox"/>	Tagalog
<input type="checkbox"/>	Korean
<input type="checkbox"/>	Russian
<input type="checkbox"/>	Farsi
<input type="checkbox"/>	Other _____

Employment Status (Mark one)	
<input type="checkbox"/>	Employed
<input type="checkbox"/>	Unemployed
<input type="checkbox"/>	Retired

How did you hear about OAS? (Mark one)	
<input type="checkbox"/>	Returning Student
<input type="checkbox"/>	Family / Friend
<input type="checkbox"/>	OAS Website
<input type="checkbox"/>	Other: _____

School Info (Mark all that apply)	
<input type="checkbox"/>	New OAS Student
<input type="checkbox"/>	Returning OAS Student
<input type="checkbox"/>	Other Adult School attended _____
<input type="checkbox"/>	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: _____

