SUMMERVILLE UNION HIGH SCHOOL DISTRICT ADULT EDUCATION STUDENT REGISTRATION FORM

Please print clearly and use blue/black ink. Fill out completely.

Please Note: The CA Department of Education requests demographic data for all adults who enroll in classes. This information may assist our school in qualifying for State and Federal funds. The information shared is confidential and only reported collectively.

Please Check One:
□ Returning Student □ New Student

Program: \Box ESL/Citiz \Box ASE or GED \Box Diploma \Box IEP \Box 504 \Box CTE \Box Frail or Disabled \Box ABE \Box Lifelong Learning

STUDENT CONTACT INFORMATION

Social Secur	ity Number (optional):		Da	ate of Birth:	
Name:					
	First	Middle		Last	Suffix
Address:					
	Street Address/PO Box	Apt. #	City	State	Zip
Cell Phone: Other Phone:					
Email Addr	ess:				
	EME	RGENCY CONT	ACT INFORM	ATION	
Name:			Relationsh	ip:	
Cell Phone	Number:		Work Phone	Number:	
		STUDEN			

Highest Diploma or Degree Completed:

None	High School Diploma	GED Certificate	Some College	- Other:
□ AA/AS	Technical Certificate	🗆 BA/BS	Graduate School	

Total Years of School Completed: My Degree Was Earned Outside the U.S.: D Yes D No					
Majority of Schooling Outside U.S.? Ves No	Birth Country				
Ethnicity: Hispanic or Latino Not Hispanic or Latino 	Marital Status: Single Married				
Labor Force Status: Ontemployed or not seeking work	Retired Employed Unemployed				

Race:

Pacific Islander	D White	Filipino	Black or African American
Alaskan Native	American Indian	🗆 Asian	Other:

Household Total Gross Annual Income Before Taxes:

□ \$0 to \$21,257	□ \$21,258 to \$28,694	□ \$28,695 to \$36,131	□ \$36,132 to \$43,568
□ \$43,569 to \$51,005	□ \$51,006 to \$58,442	□ \$58,443 to \$65,879	□ \$65,880 to \$73,316

Number of Dependents:
None
1
2
3
4
5
6
7
8
9+

Primary Language:

English	Cambodian	🗆 Lao	Vietnamese	Hmong	🗆 Farsi
Spanish	Tagalog	🗆 Russian	Chinese	🗆 Korean	Other:

Student Type/Personal Status (check all that apply or leave blank):

Food Stamps	 Family Eligible for Medi-Cal 	 TANF/CalWORKS Recipient 	 Child/Grandchild in TCSOS 	Veteran	Single Parent
SSI Recipient	 Former TCSOS Student 	 Dislocated Worker 	 Rehabilitation Client 	Disabled	 Basic Skills Deficiency
 Referred by Rehab. WIA Title 1 	 Family receives energy assistance (LIHEAP) 	 Child eligible for free/reduced school meals 	 Receiving CA Training Benefits (EDD) 	D Homeless	 Limited English Proficient
 Family has housing assistance (Section 8) 	 Adult in foster care or aged out 	 Referred by Bureau of Indian Affairs 	 Displaced Homemaker 	D Migrant	Incarcerated

WHAT ARE YOUR GOALS AFTER GRADUATION?