



JEFFERSON UNION HIGH SCHOOL DISTRICT

ADULT DIVISION

699 Serramonte Boulevard, Suite #111

Daly City, CA 94015

Telephone: 650/550-7890 <> Fax: 650/550-7889 <> www:jeffersonadulthood.net

STUDENT INFORMATION--PRINT CLEARLY

This information is for educational agency use only

Today's Date: _____

1. Student ID#:		2. Date of Birth: (mm/dd/yyyy)		3. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
4. Last Name/Surname:		4a. First Name:	4b. Middle Name:	4c. Birthplace	
5. Mailing Address:				5a. Apt. #	
5b. City:				5c. Zip Code:	
6. Home Phone:			6a. Cell Phone:		
7. E-mail:					

I am a new student

I am a returning student

8. Economic Special Needs <i>Mark <u>All</u> that Apply</i> <input type="checkbox"/> Single Parent <input type="checkbox"/> Low Income <input type="checkbox"/> English Language Learner <input type="checkbox"/> Low-Level Literacy <input type="checkbox"/> Homeless <input type="checkbox"/> Foster Care Youth <input type="checkbox"/> Disabled Type: _____ <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Dislocated Worker (laid off) <input type="checkbox"/> Ex-Offender <input type="checkbox"/> On Probation <input type="checkbox"/> Migrant Farmworker <input type="checkbox"/> Seasonal Farmworker <input type="checkbox"/> Refugee <input type="checkbox"/> Veteran <input type="checkbox"/> Cultural Barriers <input type="checkbox"/> Other: <input type="checkbox"/> None of the Above are Applicable	8a. Personal Status <i>Mark <u>All</u> that Apply</i> <input type="checkbox"/> CalWORKS <input type="checkbox"/> Job Corps <input type="checkbox"/> SSI/SSA/SSDI <input type="checkbox"/> Food Stamps <input type="checkbox"/> TANF <input type="checkbox"/> Other Public Assistance: _____ <input type="checkbox"/> None of the Above are Applicable	11. Hispanic or Latino? <i>Mark <u>ONE</u> (1)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	9. Labor Force Status <i>Mark <u>ONE</u> (1)</i> <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Not employed and not seeking work <input type="checkbox"/> Retired	12. Schooling Highest Education Level Completed, Certificates Held: <input type="checkbox"/> None <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED/HSE Certificate <input type="checkbox"/> Technical Certificate <input type="checkbox"/> AA/AS Degree <input type="checkbox"/> 4 yr. College Graduate <input type="checkbox"/> Advanced Graduate Studies Was this level achieved outside the U.S? <i>Mark <u>ONE</u> (1)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Total years of education: _____
	10. Ethnicity <i>Mark <u>All</u> that Apply</i> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Filipino <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native	

CLASS 1:	SECTION:
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TEACHER:	FEE:
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ESL MORNING
 ESL EVENING
 ONLINE
 GED MORNING
 GED EVENING

REGISTRATION FORM – PAGE 2 OF 2
BE SURE ALL AREAS ARE COMPLETED ON BOTH SIDES (1 – 15e)

13. Native Language
Mark ONE (1)

- English
- Cambodian
- Chinese
- Farsi
- Hmong
- Korean
- Lao
- Russian
- Spanish
- Tagalog
- Vietnamese
- Arabic
- Burmese
- Portuguese
- Other: _____

14. Student Goal for This Year
Mark TWO (2)

- Earn high school diploma of equivalency
- Improve basic skills
- Improve English
- Get a job
- Keep a job
- Earn more money
- Get a better job
- CTE Class/members can list these by sites
- Military
- U.S. Citizenship class
- Support my child's success in school
- Enter college or training
- Personal
- Other goal, list below

Goal: _____

EMERGENCY CONTACT

I understand that if an onsite emergency occurs and the below contact person cannot be reached, "911" will be called.

15. Name:	15a. Relationship
15b. Address:	15c. Phone
15d. City	15e. Zip Code

Are there health concerns, allergies or physical limitations of which the school should be aware?

- Yes No

If you answered yes, please describe:

Photo Release

I DO NOT give permission to Jefferson Adult Education to use photos of me for publicity

Print Name: _____

Student Signature: _____ Date: _____