

FAIRFIELD-SUISUN ADULT SCHOOL

900 Travis Blvd. • Fairfield, CA • 94533

Phone: (707) 421-4155

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Office Use Only	Course Name:	
PROGRAM	SID#:	
<input type="checkbox"/> HS Diploma <input type="checkbox"/> GED Prep		
<input type="checkbox"/> ABE <input type="checkbox"/> CTE <input type="checkbox"/> Parent Ed	CASAS Scores	
<input type="checkbox"/> ELA/ESL <input type="checkbox"/> Cit. Prep.	MATH:	ENGLISH:
<input type="checkbox"/> Adults with Disabilities	<input type="checkbox"/> NEW STUDENT	<input type="checkbox"/> RETURNING STUDENT

~~2023-2024~~ ENROLLMENT AND REGISTRATION FORM

The information below is used to comply with State and Federal funding requirements. All information will remain confidential.

STUDENT INFORMATION – PRINT CLEARLY IN BLACK OR BLUE INK

1. Last Name:			First Name:			Middle Name:		
2. Date of Birth: (mm/dd/year)			3. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary			4. Social Security #: (not required) ____-____-____ <input type="checkbox"/> No SS#/Or choose not to provide		
5. Address:			Apt. #		City:		Zip Code:	
6. Cell Phone: ()			Home Phone: ()			7. Email:		
8. Ethnicity/Race <i>(Mark ALL that apply)</i> <input type="checkbox"/> Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Filipino <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White			11. Barriers to Employment <i>(Mark ALL that apply)</i> <input type="checkbox"/> Cultural Barriers <input type="checkbox"/> Physical, Emotional or Learning Disability <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> English Language Learner <input type="checkbox"/> Ex-Offender <input type="checkbox"/> Foster Care Youth <input type="checkbox"/> Homeless <input type="checkbox"/> Long-term Unemployed <input type="checkbox"/> Low Income <input type="checkbox"/> Low Literacy / Math <input type="checkbox"/> Migrant Farmworker <input type="checkbox"/> Seasonal Farmworker <input type="checkbox"/> Single Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> None of the Above			13. Special Programs <i>(Mark ALL that apply)</i> <input type="checkbox"/> Carl Perkins <input type="checkbox"/> Community Corrections <input type="checkbox"/> Distance Learning <input type="checkbox"/> EL Civics (IELCE) <input type="checkbox"/> Family Literacy <input type="checkbox"/> Homeless Program <input type="checkbox"/> Jail <input type="checkbox"/> Non-traditional Training <input type="checkbox"/> Older Adults <input type="checkbox"/> Special Needs <input type="checkbox"/> State Corrections <input type="checkbox"/> Tutoring <input type="checkbox"/> Workplace Ed. <input type="checkbox"/> None		
9. Country of Origin In which country were you born? _____			12. Status/Public Assistance <i>(Mark ALL that apply)</i> <input type="checkbox"/> CalWORKs / TANF <input type="checkbox"/> CalWORKs will end in less than 2 yrs <input type="checkbox"/> Cal Fresh / Food Stamps / SNAP <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> General Assistance <input type="checkbox"/> Other Public Assistance <input type="checkbox"/> Refugee Cash Assistance <input type="checkbox"/> SSI <input type="checkbox"/> U.S. Veteran <input type="checkbox"/> None of the Above			14. Instructional Program <i>(Mark ONE)</i> <input type="checkbox"/> Adults supporting K12 student Success <input type="checkbox"/> Adults with Disabilities <input type="checkbox"/> Basic Skills (<u>A</u> ddult <u>B</u> asic <u>E</u> ducation) <input type="checkbox"/> <u>C</u> areer and <u>T</u> echnical <u>E</u> ducation <input type="checkbox"/> Citizenship <input type="checkbox"/> <u>E</u> nglish as a <u>S</u> econd <u>L</u> anguage (ESL)/ELL <input type="checkbox"/> High School Diploma (HSD) <input type="checkbox"/> High School Equivalency (HSE) <input type="checkbox"/> Pre-Apprenticeship <input type="checkbox"/> SOAR Vocational <input type="checkbox"/> Workforce Readiness		
10. Native Language <i>(Mark ONE)</i> <input type="checkbox"/> Arabic <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese (Mandarin / Cantonese) <input type="checkbox"/> English <input type="checkbox"/> Farsi <input type="checkbox"/> Hmong <input type="checkbox"/> Korean <input type="checkbox"/> Punjabi / Panjabi <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Somali <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____								

CONTINUE ON REVERSE SIDE

REGISTRATION FORM (Continued)

15. Income Level - Maximum annual household income including public assistance *(Mark ONE)*

- | | |
|---|---|
| <input type="checkbox"/> 0 to \$7,500 | <input type="checkbox"/> \$50,001 to \$100,000 |
| <input type="checkbox"/> \$7,501 to \$15,000 | <input type="checkbox"/> \$100,001 to \$150,000 |
| <input type="checkbox"/> \$15,001 to \$50,000 | <input type="checkbox"/> \$150,001+ |

17. Labor Force Status *(Mark ONE)*

- Employed
- Employed with Notice
- Not employed and not seeking work
- Not in Labor Force
- Retired
- Unemployed

19. EMERGENCY CONTACT

- a. First Name: _____
- b. Last Name: _____
- c. Relationship: _____
- d. Emergency Phone Number: () _____

20. MEDICAL INFORMATION

Medication _____

Medication Reason _____

21. Goals

a. Educational Goal:

My education goals for this program year are to: *(Mark ALL that Apply)*

- Improve English skills
- Improve basic skills
- Earn a high school diploma or equivalent (GED)
- Enter college or a training program
- Other: _____

b. Other Goal:

My goal for this program year is to: *(Mark ONE)*

- | | |
|---|--|
| <input type="checkbox"/> Get a job | <input type="checkbox"/> Work-based project |
| <input type="checkbox"/> Retain a job | <input type="checkbox"/> Enter the Military |
| <input type="checkbox"/> Get a better job | <input type="checkbox"/> Earn U.S. Citizenship |
| <input type="checkbox"/> Personal Goal | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Family Goal | |

16. Family

- a. Choose one: Single Married
- b. Number of children: _____
- c. Number of dependents: _____
- d. Family size: _____
- e. Number of K-12 students in the home: _____
- f. Does your child(ren) attend school in the district? Yes No

18. Education History

- a. Last school attended: _____
- b. Year attended: _____
- c. Levels Completed: *(Mark ALL that apply)*
- AA/AS Degree
 - Four Year College Degree
 - GED/High School Equivalency Certificate
 - Graduate Student Degree
 - High School Diploma
 - Some College / No Degree
 - Technical Certificate
 - Other _____
- d. Was this level achieved outside of the U.S.? Yes No
- e. Number of Years of School Completed: _____
- f. Was most of your education outside of the U.S.? Yes No
- g. I had an IEP or 504 in high school.
Note: Students are responsible for providing documentation.

THE GOVERNING BOARD BELIEVES THAT ALL STUDENTS HAVE THE RIGHT TO BE EDUCATED IN A POSITIVE LEARNING ENVIRONMENT FREE FROM DISRUPTIONS. STUDENTS SHALL BE EXPECTED TO EXHIBIT APPROPRIATE CONDUCT THAT DOES NOT INFRINGE UPON THE RIGHTS OF OTHERS OR INTERFERE WITH THE SCHOOL PROGRAM WHILE ON SCHOOL GROUNDS.

•PROHIBITED STUDENT CONDUCT INCLUDES, BUT IS NOT LIMITED TO: CONDUCT THAT ENDANGERS STUDENTS, STAFF, OR OTHERS, INCLUDING, BUT NOT LIMITED TO: PHYSICAL VIOLENCE, POSSESSION OF A FIREARM OR OTHER WEAPON, AND TERRORIST THREATS; DISCRIMINATION, HARASSMENT, INTIMIDATION, OR BULLYING OF STUDENTS OR STAFF, INCLUDING SEXUAL HARASSMENT, HATE-MOTIVATED BEHAVIOR, CYBERBULLYING, HAZING OR INITIATION ACTIVITY, EXTORTION; AND ANY OTHER VERBAL, WRITTEN, OR PHYSICAL CONDUCT THAT CAUSES OR THREATENS TO CAUSE VIOLENCE, BODILY HARM, OR DISRUPTION.

•CONDUCT THAT DISRUPTS THE ORDERLY CLASSROOM OR SCHOOL ENVIRONMENT INCLUDING: WILLFUL DEFIANCE OF STAFF'S AUTHORITY; DAMAGE TO OR THEFT OF PROPERTY BELONGING TO STUDENTS, STAFF, OR THE DISTRICT; OBSCENE ACTS OR USE OF PROFANE, VULGAR, OR ABUSIVE LANGUAGE; POSSESSION, USE, OR BEING UNDER THE INFLUENCE OF ALCOHOL OR OTHER PROHIBITED DRUG; USE OF A CELLULAR/ DIGITAL TELEPHONE, PAGER, OR OTHER MOBILE DEVICE DURING INSTRUCTIONAL TIME; PLAGIARISM OR DISHONESTY ON SCHOOL WORK OR TESTS; AND INAPPROPRIATE ATTIRE.

I UNDERSTAND THAT FAILURE TO COMPLY WITH ANY OF THESE STANDARDS MAY RESULT IN IMMEDIATE TERMINATION FROM THE ADULT SCHOOL PROGRAM.

STUDENT SIGNATURE: _____ DATE: _____

**VOLUNTARY AUTHORIZATION
TO SHARE SOCIAL SECURITY NUMBER**

PURPOSE OF THIS FORM: This form allows the school to collect your Social Security Number and share it with the California Department of Education who will share your personal information with the Employment Development Department. The Employment Development Department is the state agency responsible for maintaining personally identifiable information, and keeps all information confidential it receives from the California Department of Education for use only to track the labor market outcomes of adult education program participants in compliance with all applicable state and federal laws and mandates.

PLEASE READ THE FOLLOWING CAREFULLY

I understand that I do NOT need to provide a Social Security Number to take classes at this school.

Student Name (print): _____ **Student ID#** _____

- YES.** I voluntarily provide my Social Security Number.
- NO.** I choose not to provide a Social Security Number.

(Student Signature)

(Date)

ESPAÑOL

**AUTORIZACIÓN VOLUNTARIA
PARA COMPARTIR NÚMERO DE SEGURO SOCIAL**

PROPÓSITO DE ESTE FORMULARIO: Este formulario le permite a la escuela recopilar su Número de Seguro Social y compartirlo con el Departamento de Educación de California, quien compartirá su información personal con el Departamento de Desarrollo de Empleo. El Departamento de Desarrollo de Empleo es la agencia estatal responsable de mantener la información de identificación personal y mantiene toda la información confidencial que recibe del Departamento de Educación de California para uso exclusivo de rastrear los resultados en el mercado laboral de los participantes del programa de educación de adultos en cumplimiento de todos los requisitos estatales y federales aplicables, leyes y mandatos.

POR FAVOR LEA LO SIGUIENTE ATENTAMENTE

Yo entiendo que NO necesito proporcionar un número de seguro social para tomar clases en esta escuela.

Nombre del Estudiante (en Imprenta): _____ **#de Estudiante** _____

- SI.** Yo voluntariamente proporciono mi Número de Seguro Social.
- NO.** Yo elijo no proporcionar un Número de Seguro Social.

(Firma del Estudiante)

(Fecha)

.....
NOTE TO SCHOOL OFFICE STAFF: Cut and shred SSN after it has been entered in TOPSpro Enterprise

My Social Security Number is: ____ ____ ____ -- ____ ____ -- ____ ____ ____ ____

Mi Numero de Seguro Social es: ____ ____ ____ -- ____ ____ -- ____ ____ ____ ____