SANGER ADULT SCHOOL REGISTRATION FORM

____Fall ____Spring 20___ SANGER UNIFIED SCHOOL DISTRICT

*****PRINT ALL INFORMATION LEGIBLY*****

A. Student Info. Have attended Sanger Adult School before: (circle one) yes no

Social Security #_____ Date of Birth ____/____/_____ Age____ Male Female

Last Name:_____ Middle Initial:____ First Name:_____

Address:_____ City:_____ Zip Code:_____

Home Phone:( )_____ Work Phone: ( )_____

B. Emergency Contact Information

Name/Relationship:_____ Phone: ( )_____

C. Course Name For Credit? Y/N Diploma? Y/N

Course:_____ Teacher:_____ Room#_____ Day/Time:_____

D. Ethnicity (circle one)

African American/Black American Indian Asian Alaskan Filipino Hispanic/Latino
Pacific Islander White Other

E. Native Language (circle one)

Cambodian Chinese English Farsi Hmong Lao Russian Spanish Tagalog Other

F. Student Type: (Please circle all programs that assist you or anyone in your household.) *The state requires that SAS collect information about our student population. This information reported back to the State allows Sanger Adult School to received additional funding. The information provided will be held in strict confidence and will be used for statistical reporting purposes only. You will not be individually identified in any report made to the public.*

CalLearn	Economically Disadvantaged	Limited English Proficiency	Social Security Income
CalWorks	Food Stamps	MediCal	TANF (Temporary Aid for Needy Families
Child Care Assistance	Free/Reduced School Lunch Program	Non-Traditional Program	Unemployment Insurance
Dept. of Rehabilitation	General Relief	One Stop Referral	WIA (Workforce)
Disability Insurance	Healthy Family Program	Pell Grant	WIC (Women/Infant)
Displaced Homemaker	Indian Education Assistance	Section 8 Housing	Other

G. Grade Level

☐ **Adult Student:** (mark this box & circle highest grade level completed below.)

☐ **Concurrent:** (mark this box and circle current grade level below.)

Elementary	Secondary	Post Secondary
1	9	13
2	10	14
3	11	15
4	12	16
5		
6		
7		
8		

H. Highest Degree Earned (mark one)

☐ None ☐ AA/AS Degree
☐ GED Certificate ☐ 4 Yr. College Grad.
☐ H.S. Diploma ☐ Other
☐ Tech. Certificate

I. Labor Force Status (mark one box)

☐ Employed
☐ Unemployed
☐ Not employed and not seeking work
☐ Retired
☐ Full time student

Staff Use Only – ADA Type

CalWorks Concurrent C PA Adult

J. Signature

Signature: Date: