

# Adult Education Registration Form ONLY

## OFFICE USE ONLY

<b>1. Last Name</b> _____ <b>3. First Name, Middle Initial</b> _____ <b>5. Street Address</b> _____ <b>6. City</b> _____	<b>2. Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <b>4. Birthdate (example: 05/20/73)</b> _____ <b>7. Zip Code</b> _____ <b>8. Home Phone</b> (____) _____-_____ <b>9. Work Phone Number</b> (____) _____-_____ <b>10. Extension</b> _____ <b>11. Emergency Phone</b> (____) _____-_____ <b>12. Emergency Contact Person</b> _____ <b>13. Email Address</b> _____
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Student #

**14. Ethnicity**

<input type="checkbox"/> African American	<input type="checkbox"/> Filipino
<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Hispanic
<input type="checkbox"/> American Indian	<input type="checkbox"/> White
<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other
<input type="checkbox"/> Asian	

**17. Current grade level**

9<sup>th</sup>     10<sup>th</sup>     11<sup>th</sup>     12<sup>th</sup>

High School Name \_\_\_\_\_

**15. Disability (if applicable)**

Deaf or Hard of Hearing  
 Developmental  
 Legally Blind  
 Non-Physical  
 Orthopedic Disability  
 Other: \_\_\_\_\_

**18. Mark all programs that apply**

CalWORKs Recipient  
 General Relief  
 Food Stamps  
 SSI Recipient  
 TANF  
 CA Training Benefits (EDD)  
 WIA (JTPA)  
 Single Parent in Transition  
 Cal Learn  
 Economically Disadvantaged  
 Workability  
 Basic Skills Deficiency  
 Disabled Student Services Client  
 State Disability Insurance Recipient  
 Client of State/Private Rehab.  
 Dislocated Worker  
 Displaced Homemaker  
 Limited English Proficient  
 Current Military  
 Veteran

**16. Find the size of your family. Mark the circle if your family's income is less than or equal to the income shown.**

Size	Annual Income
1	<input type="checkbox"/> \$7,500
2	<input type="checkbox"/> \$15,000
3	<input type="checkbox"/> \$16,000
4	<input type="checkbox"/> \$17,000
5	<input type="checkbox"/> \$18,000
6	<input type="checkbox"/> \$19,000
7	<input type="checkbox"/> \$20,000
8	<input type="checkbox"/> \$21,000
9	<input type="checkbox"/> \$22,000
10	<input type="checkbox"/> \$23,000

<b>Course #1</b>	<b>Fee</b>
_____	\$ _____
<b>Course Name (Please Print)</b>	
_____	

<b>Course #2</b>	<b>Fee</b>
_____	\$ _____
<b>Course Name (Please Print)</b>	
_____	

<b>Course #3</b>	<b>Fee</b>
_____	\$ _____
<b>Course Name (Please Print)</b>	
_____	

<b>Course #4</b>	<b>Fee</b>
_____	\$ _____
<b>Course Name (Please Print)</b>	
_____	

<b>Total Fees</b>	\$ _____
<input type="checkbox"/> Senior <input type="checkbox"/> Multi	
<input type="checkbox"/> Waived <input type="checkbox"/> Staff	- _____
<b>Total Enclosed</b>	
	\$ _____

**Payment Type**     Cash     Check     MasterCard/Visa     Voucher/Gift Certificate   

**Credit Card #** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Zip Code of Billing Address for this Credit Card:** \_\_\_\_\_

Refunds may be requested up to **48 HOURS PRIOR** to the first session **ONLY**. A \$5 processing fee will be retained for each course dropped. Refund requests must be submitted in writing.

LIABILITY WAIVER: By signing below, the student agrees that neither Poway Unified School District nor its employees shall be liable for any and all injuries, losses, or other damages that may be suffered by student by reason of voluntary participation in class activities except for losses caused by the sole negligence of the District. If payment is by credit card, my signature below authorizes Poway Unified School District to charge my MasterCard/Visa credit card number as payment for the classes.

Signature (REQUIRED) \_\_\_\_\_ Date \_\_\_\_\_