

START HERE - Type or print in black ink

Part 1. Information About Your Interest

1. Program of Interest (please check only 1)

- ESL ABE GED HS Diploma HS Credit Recovery Vocational

2. Please Check the Time You Wish to Attend Class

- Morning Evening

3. Today's Date / /

Part 2. Information About You

4. Your Current Legal Name (You will be registered with this name)

Family Name (*Last Name*)

Given Name (*First Name*)

Full Middle Name

5. Has your name changed since your previous enrollment at Community Adult School?

- Yes (proceed to **Question 6**) No (Skip to **Question 7**) N/A - Never enrolled before (Skip to **Question 7**)

6. Your name as shows on previous enrollment

7. Last 4 Digits of SS#

8. U. S. Mailing Address

Street Number and Name

Apt., Suite, or Floor

City

Zip Code

Telephone

9. E-Mail Address

10. Gender

- Male Female

11. Date of Birth (mm/dd/yyyy) / /

12. How Many Years of School Have You Completed?

- None GED HS Diploma College 2 yr 4 yr Other

13. Ethnicity

- Hispanic/Latino Other

14. Race

- White Asian Filipino
 Black/African - American Native Hawaiian/Pacific Islander
 American Indian Alaska Native

15. Country of Birth

16. Your First Language

17. Your Goals In Taking This Class (please check 2)

- Learn English Learn Basic Skills HS Diploma/GED Get a Job Enter College or Training
 Enter Military Personal Interest Family Goal Other None

18. Please Indicate Any of the Following That Apply to You:

- Employed Unemployed Retired Disabled Single Parent CalWorks

FOR CAS USE ONLY

Assessment [Lit - BL - BH - IL - IH - Adv]

Enrollment [Pd Card Tp

Date of Assessment	_____
Placement	_____
CASAS	_____

Student Number	_____
Class of Admission	_____
Start Date	_____