



North Monterey County Adult Education

Registration Form

Student ID # _____

First Name _____	MI _____	Last Name _____	Date _____
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Address _____	City _____	Zip Code _____
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E-Mail Address _____	Phone Number _____	Home/Cell _____	Male <input type="checkbox"/>	DOB		
			Female <input type="checkbox"/>	Month _____	Day _____	Year _____

Course(s)	Teacher	Site	Start Date

Education			
Total Number of Years Completed:	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	IEP <input type="checkbox"/>	
Highest Diploma or Degree Earned:	None <input type="checkbox"/> GED/HSE <input type="checkbox"/> HS Diploma <input type="checkbox"/> Technical Certificate <input type="checkbox"/> AA/AS Degree <input type="checkbox"/>		
BA/BS <input type="checkbox"/> Doctorate	Earned in U.S. Yes <input type="checkbox"/> No <input type="checkbox"/>		

Are you a Cal-Works Participant? Yes No

LABOR FORCE STATUS (Mark One)	ETHNICITY (Mark One)	RACE (Mark ALL that Apply)	NATIVE LANGUAGE
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Not In Labor Force <input type="checkbox"/> Employed, with notice	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black (Not Hispanic) <input type="checkbox"/> Filipino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Two or More Races	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____

ATTAINABLE GOAL (Within Program Year)	INSTRUCTIONAL PROGRAM	PERSONAL STATUS
1 2 (Mark ONE in each Column)		
<input type="checkbox"/> Improve Basic Skills <input type="checkbox"/> Improve English Skills <input type="checkbox"/> HS Diploma-GED/HSE <input type="checkbox"/> Get a Job <input type="checkbox"/> Retain Job <input type="checkbox"/> Get a Better Job <input type="checkbox"/> Enter College or Training <input type="checkbox"/> Work Based Project <input type="checkbox"/> Family Education <input type="checkbox"/> U.S. Citizenship Studies <input type="checkbox"/> Military <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> None	<input type="checkbox"/> Basic Skills (ABE) <input type="checkbox"/> English as a Second Language (ESL) <input type="checkbox"/> Citizenship <input type="checkbox"/> High School Diploma <input type="checkbox"/> Prepare for High School Equivalency ENGLISH <input type="checkbox"/> General Ed Diploma Certificate SPANISH <input type="checkbox"/> General Ed Diploma Certificate ENGLISH <input type="checkbox"/> Career and Technical Education <input type="checkbox"/> Workforce Readiness <input type="checkbox"/> Pre-Apprenticeship class for your career <input type="checkbox"/> Adults With Disabilities Education <input type="checkbox"/> Parent Education for your child's success <input type="checkbox"/> EL Civics <input type="checkbox"/> Computer Literacy	<input type="checkbox"/> WIOA, Title I <input type="checkbox"/> WIOA, Title III <input type="checkbox"/> WIOA, Title IV <input type="checkbox"/> TANF/ CalWORKS <input type="checkbox"/> General Assistance <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Current High School Student <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Veteran <input type="checkbox"/> Incarcerated <input type="checkbox"/> Other _____

SPECIAL PROGRAMS	EMPLOYMENT BARRIERS (Mark ALL that apply or leave blank)	
<input type="checkbox"/> None <input type="checkbox"/> State Corrections <input type="checkbox"/> County Jail <input type="checkbox"/> Homeless Program <input type="checkbox"/> Family Literacy <input type="checkbox"/> Workplace Education <input type="checkbox"/> Tutoring <input type="checkbox"/> None	<input type="checkbox"/> Distance Learning <input type="checkbox"/> Special Needs <input type="checkbox"/> Non-Traditional Trng <input type="checkbox"/> Older Adults <input type="checkbox"/> Career Tech Ed <input type="checkbox"/> Other	<input type="checkbox"/> Cultural Barriers <input type="checkbox"/> Disabled (Visual, Hearing, Mental, Orthopedic, Other) <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 Level of Literacy <input type="checkbox"/> Migrant Farmworker <input type="checkbox"/> Seasonal Farmworker <input type="checkbox"/> Agricultural Worker <input type="checkbox"/> No TANF/Cal Works (Within 2 Years) <input type="checkbox"/> Single Parent

PARENTS (Please Complete)

Do you have children attending a NMC school(s)? Yes No (Check all schools that apply)

<input type="checkbox"/> Castroville Elementary	<input type="checkbox"/> NMC Middle School	<input type="checkbox"/> Central Bay High School
<input type="checkbox"/> Echo Valley Elementary	<input type="checkbox"/> NMC High School	<input type="checkbox"/> NMC Center for Independent Study
<input type="checkbox"/> Elkhorn Elementary		
<input type="checkbox"/> Prunedale Elementary		

STUDENT SIGNATURE _____ Date: _____

Registered By: _____ Date of Entry: _____