\square New Student

 $\ \square \ \ Continuing \ student$

West Contra Costa Adult Education 5625 Sutter Avenue, Richmond, CA 94804 (510) 231-1453

CONTRACO
USER FRIENDLY EDUCATION

 $\ \square \ \ Returning \ student$

			REGISTR	ΑΤΙ	ON FORM		No.	EDUCA		
Student	ID Number		NEGIOTI.	.,						
	PLEASE PRINT CLEARLY									
1 -Gender:	□Male □Femal	le	5-Name: Last First				Middle/Maiden			
2 -Birthdate	e: Month Day		6-Address:Street City State ZIP Co						Ocode	
3 -Birthplac	:e:		7 - Cell Phone: (
4 -EMail:			9-Other Names Used:							
	@) <u> </u>	10-Emergency Contact:							
11-Ethnicity (Mark one) 12HispanicNot Hispanic			12-Number of Years of School Complete	d	13-Employment Status (Mark one)		14-Reasons for Enrolling Primary=1 Secondary=2 Improve Basic Skills Improve English High School Diploma GED Get A Job or a Better Job Keep A Job Personal Goal Enter College Enter Training Work-Based Project Family Goal U.S. Citizenship Enter Military Other:			
15-Racial Group (Mark all that apply) White Black or African Am. Asian Pacific Islander Filipino American Indian Alaska Native Other:			16-Highest Degree Earned (Mark one) None GED High School Diploma Technician Certificate AA/AS Degree 4-yr College Grad Graduate Studies Other Above earned outside of the L	JS	EmployedUnemployedEmployed, with noticeNot in labor for	- 11 -				
17-Native Language (Mark one)			18-Special Status (Mark all that apply)		19-Employment Barriers (Mark all that apply)					
EnglishCambodianSpanishTagalog			WIOA, Title IWIOA, Title IIIWIOA; Title IVTANF/CalWORKSOther Public AssistanceDislocated WorkerVeteran		Cultural BarriersLong-term UnemployedDisabledLow IncomeLow Levels of Literacy English Language Learner Single Parent No CalWORKS within 2 y Foster Care Youth					
					ent information below:					
Dates	Section #	Course Title		ins	tructor	Location	Day(s)	Time	Fee	

Registration Form -rev.0121202001212020

Date _____

FOR OFFICE USE ONLY

Fee paid: \$______Staff initials _____

Cash Check Credit card Credit Voucher
Check #_____