

La Puente Valley Regional Occupational Program

ADULT REGISTRATION FORM

Circle semester:
Summer Spring Fall

STUDENT INFORMATION - PLEASE PRINT

Last Name	First Name	M. Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number — —
Address		Zip Code	City	Phone

Please provide all information requested on both sides of the form. Incomplete forms will be returned.

Birth Date _____	Ethnicity <input type="checkbox"/> American Indian <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> African American (not of Hispanic origin) <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White (Not of Hispanic origin) <input type="checkbox"/> Filipino <input type="checkbox"/> Other	I reside in: <input type="checkbox"/> Adult student <input type="checkbox"/> Bassett USD <input type="checkbox"/> High School Student <input type="checkbox"/> Hacienda La Puente USD School currently attending (if any) <input type="checkbox"/> Rowland USD <input type="checkbox"/> Out of District _____ Grade Level _____
Are you: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed		

Highest Degree Earned (Mark one)

<input type="checkbox"/> None	<input type="checkbox"/> A.A./A.S. Degree
<input type="checkbox"/> GED Certificate	<input type="checkbox"/> Bachelor Degree
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Graduate Degree
<input type="checkbox"/> Technical/Certificate	

Primary reason for enrollment: (Mark one.)

<input type="checkbox"/> Prepare for higher education	<input type="checkbox"/> Personal/family goal
<input type="checkbox"/> Prepare for career	<input type="checkbox"/> Improve basic skills/VESL
<input type="checkbox"/> Retrain/change of career	<input type="checkbox"/> Get a job
<input type="checkbox"/> Upgrade technical skills	<input type="checkbox"/> Other
<input type="checkbox"/> Earn credits for high school diploma	

The ROP may receive additional funding to serve adults enrolled in this program. The information requested will be kept confidential. Your assistance is appreciated.

Please check all that apply:

<input type="checkbox"/> Basic Skills Deficiency	<input type="checkbox"/> Dislocated Worker	<input type="checkbox"/> Medi-Cal
<input type="checkbox"/> Cal Learn	<input type="checkbox"/> Displaced Homemaker	<input type="checkbox"/> Single Parent
<input type="checkbox"/> California Training Benefits (EDD)	<input type="checkbox"/> Economically Disadvantaged	<input type="checkbox"/> SSI Recipient
<input type="checkbox"/> CalWORKS Recipient (AFDC)	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> State Disability Insurance
<input type="checkbox"/> Client of State/Private Rehab	<input type="checkbox"/> General Relief	<input type="checkbox"/> TANF
<input type="checkbox"/> Current Military	<input type="checkbox"/> JTPAW.I.A.	<input type="checkbox"/> Veteran
<input type="checkbox"/> Disabled Student Services Client	<input type="checkbox"/> Limited English	<input type="checkbox"/> Workability

Please check all that apply:

 Deaf or Hard-Of-Hearing
 Orthopedic Disability (includes arthritic conditions)
 Blind or Visually Impaired

Check Yearly Household income

<input type="checkbox"/> \$10,000	Family size (number): _____
<input type="checkbox"/> \$15,000	
<input type="checkbox"/> \$16,000	Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married
<input type="checkbox"/> \$17,000	
<input type="checkbox"/> \$18,000	
<input type="checkbox"/> \$19,000	
<input type="checkbox"/> \$20,000	
<input type="checkbox"/> \$21,000	
<input type="checkbox"/> \$22,000	
<input type="checkbox"/> \$23,000	
<input type="checkbox"/> or more	

Email Address (if any)

PLEASE SIGN BELOW

Date: _____

Your signature acknowledges the information you have provided is

