

IT'S EASY TO REGISTER!

Some classes have specific instructions for registering which may include registering in person or attending a mandatory orientation. Please refer to individual class listings in this Schedule for complete information.

If you have any questions, please call our main office at (707) 421-4155.

THREE WAYS TO REGISTER:

REGISTER ONLINE at <http://fsas-asap.fsusd.org/onlinereg>. You can also find a link to our registration site on the Home Page of our school website: www.fsusd.org/fsas

- or -

REGISTER IN PERSON at the Fairfield-Suisun Adult School in the Main Office.

- or -

MAIL IN YOUR REGISTRATION. Complete the registration form below AND on the next page (EXCEPT: H.S. Diploma, GED, ABE, ELA, Citizenship, Sterile Processing, and CNA).

Please PRINT CLEARLY and provide all requested information to ensure quick processing. MAKE CHECKS PAYABLE TO: **FSAS**. Include telephone # and driver's license number plus expiration date on your check.

Mail your check and forms to:

**Fairfield-Suisun Adult School
900 Travis Blvd.
Fairfield, CA 94533**

| NOTIFICATION OF ENROLLMENT | | | |
|--|------------------------|----------|-----------|
| If you enroll by mail, you will receive a receipt in the mail. | | | |
| Students must attend the first class meeting to complete registration. If a student misses the first class meeting, their place may be given to a wait-listed student. | | | |
| Course Title | Start Date | Day/Time | Fee |
| | | | |
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| | | | |
| | | | |
| No refunds after class begins. | TOTAL ENCLOSED: | | \$ |

You will receive a receipt in the mail as confirmation of your class registration.

Regular office hours:

M-Th 8:00am—8:00pm Fri 8:00am—12:00pm

Website: www.fsusd.org/fsas

You must fill out this page AND page 4 to register.

Solano Adult Education Block Grant Consortium
Fairfield-Suisun Adult School
2017-2018 Enrollment and Registration Form
 Please Print Clearly and Use Black or Blue Ink

900 Travis Blvd.
 Fairfield, CA 94533
 Phone: (707) 421-4155
 Fax: (707) 421-4159

| For Office Use Only | |
|--------------------------------------|--|
| _____ | |
| <input type="checkbox"/> New Student | <input type="checkbox"/> Returning Student |

Last Name _____ First/Middle Name _____ Birthdate _____

Address _____ Apt # _____ City _____ Zip _____

Phone # (____) _____ Cell # (____) _____ Male Female

Email Address _____

Emergency Contact Name _____ Phone # (____) _____ Relationship _____

Note any health problems here: _____

MARK "X" ON ALL BOXES THAT APPLY

| | | | | | | | | |
|--|---|--|---------------------------------------|--|---|--|---|--------------------------------------|
| <p>Native Language</p> <p><input type="checkbox"/> English <input type="checkbox"/> Korean <input type="checkbox"/> Lao <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Farsi <input type="checkbox"/> Chinese <input type="checkbox"/> Hmong <input type="checkbox"/> Cambodian</p> <p><input type="checkbox"/> Other _____</p> <p>Race and Ethnicity</p> <p><input type="checkbox"/> Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Filipino <input type="checkbox"/> Mixed Heritage <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____</p> | <p>Highest Diploma or Degree Earned</p> <p>USA Out of Country</p> <p><input type="checkbox"/> <input type="checkbox"/> High School Diploma <input type="checkbox"/> <input type="checkbox"/> GED/High School Equivalency Certificate <input type="checkbox"/> <input type="checkbox"/> Technical/Certificate <input type="checkbox"/> <input type="checkbox"/> 4-year College Degree <input type="checkbox"/> <input type="checkbox"/> Some College, no degree <input type="checkbox"/> <input type="checkbox"/> None</p> <p>Highest Grade of School Completed</p> <p>USA Out of Country</p> <p><input type="checkbox"/> <input type="checkbox"/> Elementary: <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/> <input type="checkbox"/> Secondary: <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/> <input type="checkbox"/> College: <input type="checkbox"/> AA/AS <input type="checkbox"/> BA/BS <input type="checkbox"/> Graduate Degree</p> <p>Name of high school attended: _____</p> | <p>Employment Status</p> <p><input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Not employed and not seeking work</p> <p>Yearly Household Income / Marital Status</p> <p><input type="checkbox"/> Single # of dependents _____ <input type="checkbox"/> Married # of dependents _____</p> <table border="1"> <tr><td><input type="checkbox"/> 0 to \$7,500</td></tr> <tr><td><input type="checkbox"/> \$7,500 to \$15,000</td></tr> <tr><td><input type="checkbox"/> \$15,000 to \$50,000</td></tr> <tr><td><input type="checkbox"/> \$50,000 to \$100,000</td></tr> <tr><td><input type="checkbox"/> \$100,000 to \$150,000</td></tr> <tr><td><input type="checkbox"/> \$150,000 +</td></tr> </table> | <input type="checkbox"/> 0 to \$7,500 | <input type="checkbox"/> \$7,500 to \$15,000 | <input type="checkbox"/> \$15,000 to \$50,000 | <input type="checkbox"/> \$50,000 to \$100,000 | <input type="checkbox"/> \$100,000 to \$150,000 | <input type="checkbox"/> \$150,000 + |
| <input type="checkbox"/> 0 to \$7,500 | | | | | | | | |
| <input type="checkbox"/> \$7,500 to \$15,000 | | | | | | | | |
| <input type="checkbox"/> \$15,000 to \$50,000 | | | | | | | | |
| <input type="checkbox"/> \$50,000 to \$100,000 | | | | | | | | |
| <input type="checkbox"/> \$100,000 to \$150,000 | | | | | | | | |
| <input type="checkbox"/> \$150,000 + | | | | | | | | |
| <p>Check All That Apply</p> <p><input type="checkbox"/> CalWorks <input type="checkbox"/> Food Stamps <input type="checkbox"/> Cal Perkins <input type="checkbox"/> Foster Care <input type="checkbox"/> Cultural Barriers <input type="checkbox"/> Youth Assistance <input type="checkbox"/> Disabled <input type="checkbox"/> General Assistance <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Homeless <input type="checkbox"/> English Language Learner <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Ex Offender <input type="checkbox"/> Single Parent <input type="checkbox"/> Long Term Unemployed <input type="checkbox"/> SSI <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> Veteran</p> <p><input type="checkbox"/> Other Public Assistance (Med-Cal, HUD, etc) <input type="checkbox"/> None of these apply</p> | <p>I am enrolling in the Following Program(s)</p> <p><input type="checkbox"/> Adult Basic Education <input type="checkbox"/> SOAR <input type="checkbox"/> GED/HiSET Test Prep <input type="checkbox"/> Health & Safety <input type="checkbox"/> Personal Development <input type="checkbox"/> Citizenship <input type="checkbox"/> Parent Education <input type="checkbox"/> English Language Acquisition (formerly ESL) <input type="checkbox"/> High School Diploma <input type="checkbox"/> (<input type="checkbox"/> Have IEP <input type="checkbox"/> Have 504 Plan) <input type="checkbox"/> Vocational/Career Development</p> | | | | | | | |
| <p>Goals that You Hope to Attain Please mark two (2) choices</p> <p><input type="checkbox"/> Get a job <input type="checkbox"/> Personal Goal <input type="checkbox"/> Get a better job <input type="checkbox"/> Family Goal <input type="checkbox"/> Retain a job <input type="checkbox"/> Military <input type="checkbox"/> H.S. Diploma/GED <input type="checkbox"/> None <input type="checkbox"/> U.S. Citizenship <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Improve basic literacy skills <input type="checkbox"/> Improve English skills <input type="checkbox"/> Enter college or training <input type="checkbox"/> Work-based project <input type="checkbox"/> U.S. Citizenship</p> | | | | | | | | |

I verify that the above information is correct to the best of my knowledge and I agree to allow my demographic information to be shared with the Solano Adult Education Block Grant Consortia for data and school site funding purposes only.

Signature _____ Date _____ Rev: 6/30/17