

**MISSION TRAILS REGIONAL OCCUPATIONAL PROGRAM
ADULT REGISTRATION**

DO NOT WRITE IN THE SHADED AREA BELOW

Office Use Only

<u> </u> REGISTRATION	<u> </u> TRANSFER--FROM	SEC: <u> </u>	TO COURSE BELOW
		Assessment/Counseling Services received?	YES <u> </u> NO <u> </u>
SEMESTER: FALL <u> </u> SPRING <u> </u> SUMMER <u> </u>			
ENTRY: <u> </u>	COURSE: <u> </u>	SEC: <u> </u>	COURSE ID: <u> </u> INST.: <u> </u>
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Begin Here

NAME: _____ M F AGE
(Last) (First) (Middle) (Check one)

ADDRESS: _____ **CITY:** _____ **ZIP CODE:** _____ **HOME PHONE:** _____

BIRTHDATE: ____/____/____ **BIRTH PLACE:** _____ **CELL PHONE:** _____

SOCIAL SECURITY NO: ____/____/____ **PERSONAL PHYSICIAN:** _____
(Name) (Phone)

EMERGENCY CONTACT PERSON: _____
(Name) (Relationship) (Cell and Home Phone number)

In order to continue to provide quality vocational training, we need to fulfill certain statistical requirements. Please complete the following. This information will be kept confidential.

ETHNIC BACKGROUND - Please circle one:

1 American Indian/Alaskan Native	2 Asian	3 Pacific Islander	4 Filipino
5 Hispanic	6 Black (Not Hispanic)	7 Caucasian (Not Hispanic)	

PLEASE ANSWER ALL THE QUESTIONS BELOW BY CIRCLING YOUR ANSWER

Are you a Displaced Homemaker (no substantial employment outside home) YES NO

Are you a Single Parent..... YES NO

Are you a Single Pregnant Woman..... YES NO

Are you Limited English Proficient (ESL at the Adult School: LEVEL _____)..... YES NO

Are you Disabled (Handicapped). Circle one or more : VISUALLY/HEARING/ORTHOPEDICALLY YES NO

Are you currently on Parole, Probation or connected with a Halfway House..... YES NO

Are you a graduate: Circle one:..... HIGH SCHOOL DIPLOMA/GED/PENDING YES NO

Highest Education Level: Circle one:..... 7 / 8 / 9 / 10 / 11 / 12 / 13 / 14 / 15 / 16

In an emergency the school has permission to seek medical aid YES NO

PBA Privacy Notice and Student Consent Form:

You have read the form (SEE PBA FORM) which explains the ways your social security number and other information will be used?

Do you want to voluntarily provide this information?..... YES NO

Are you a participant in one or more of the following programs?
(Check all programs in which you participate)

<input type="checkbox"/> Social Security	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> MediCal/MediCare	<input type="checkbox"/> General Assist
<input type="checkbox"/> BOG Grant	<input type="checkbox"/> JTPA	<input type="checkbox"/> CalWORKs	<input type="checkbox"/> Pell Grant
<input type="checkbox"/> Low Income	<input type="checkbox"/> Mental Health Serv.	EC: _____	
	Couns: _____		

Please check if you are a participant in any of the following programs:

<input type="checkbox"/> HSD/GED	<input type="checkbox"/> NOVA	<input type="checkbox"/> Job Corps	<input type="checkbox"/> Veteran
<input type="checkbox"/> EDD	<input type="checkbox"/> WIC	<input type="checkbox"/> CCA	<input type="checkbox"/> Disability Insurance
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Dept of Rehab	<input type="checkbox"/> Private Rehab	<input type="checkbox"/> Receipt #
	Couns: _____	Couns: _____	

I have read and understand the **REFUND POLICY** of Mission Trails ROP. The enrollment fee is charged for **EACH SEMESTER** and **MUST BE PAID-IN-FULL** the day of enrollment. My signature below indicates I have read and understand this policy.

Signature _____	Date _____	ROP Representative Signature _____
<small>ROP-51 Revised 8/26/11</small>		<small>White – Administration Yellow – Evaluator Pink – Teacher Goldenrod – Student</small>