

Mt. SAC School of Continuing Education Registration Form

Print Legal Name - Last		First	MI	Mt. SAC Student ID # A 0 _____																					
Former / Maiden Name		Preferred First Name		Social Security # ____ / ____ / ____																					
Street Address <input type="checkbox"/> Changed in past 3 months		City	Zip	Cell/Text # <input type="checkbox"/> Changed in past 3 months																					
Date of Birth MM / DD / YYYY		E-mail Address		Home #																					
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary/Gender Diverse		Do you consider yourself transgender? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to state		Are you a U.S. Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No																					
Sexual Orientation: <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay/Lesbian/Homosexual <input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Other <input type="checkbox"/> Decline to state				Do you live in California? <input type="checkbox"/> Yes <input type="checkbox"/> No																					
Ethnicity and Race: (Select all that apply) <i>Per U.S. Dept. of Education guidelines, colleges are required to collect the following racial and ethnic data.</i>				Are you an F-1 Visa Student? <input type="checkbox"/> Yes <input type="checkbox"/> No																					
02 Mexican, Mexican American, Chicano		07 Asian: Chinese		12 Asian: Vietnamese																					
03 Central American		08 Asian: Japanese		13 Asian: Filipino																					
04 South American		09 Asian: Korean		14 Asian: Other																					
05 Hispanic: Other		10 Asian: Laotian		15 Black or African American																					
06 Asian: Indian		11 Asian: Cambodian		16 American Indian/Alaskan Native																					
				17 Pacific Islander: Guamanian																					
				18 Pacific Islander: Hawaiian																					
				19 Pacific Islander: Samoan																					
				20 Pacific Islander: Other																					
				21 White																					
Native Language: (Circle one)																									
A. English		C. Chinese		E. Vietnamese																					
B. Spanish		D. Tagalog		F. Cambodian																					
				G. Korean																					
				H. Hmong																					
				I. Arabic																					
				J. Russian																					
				K. Farsi																					
				L. Somali																					
				M. Other: _____																					
Educational Level: (Circle one)																									
0 Non HS Grad & not in HS/None		4XX GED/HS Cert of Equivalency		8XX Bachelor or Higher																					
2 Currently in Adult School		5XX Cert of CA HS Proficiency		9XX Technical/Certificate																					
NHS Noncredit High School Student		6XX Foreign School Diploma		10XX Some college no degree																					
3XX High School Diploma		7XX AA/AS Degree		X Unknown/Unreported																					
Number of years of school completed: _____ Years		I earned my diploma/degree outside of the U.S.: <input type="checkbox"/> Yes <input type="checkbox"/> No																							
		Majority of my schooling was outside of the U.S.: <input type="checkbox"/> Yes <input type="checkbox"/> No																							
Educational Goal: (Circle one)																									
A. Associate & Transfer to 4-yr		F. Discovery – Career Interest/Goal		K. Improve Basic Skills																					
B. Transfer to 4-year w/o Associate		G. Prep for New Career/Job Skills		L. Credit for HS Diploma/GED																					
C. 2-yr Associate Degree		H. Advance in Career/Update Job Skills		M. Undecided on Goal																					
D. 2-yr Vocational Degree		I. Maintain Certificate/License		N. Move Noncredit to Credit Coursework																					
E. Vocational Certificate		J. Educational Development		X. Uncollected/Unreported																					
Labor Force Status: (Circle One)																									
A. Unemployed and seeking work		B. Employed		C. Employed, with notice																					
				D. Retired or Not seeking work																					
Overall Goals: (Select two, bubble Goal 1 (Ⓛ) and Goal 2 (Ⓜ))			Personal Status: (Circle all that apply)																						
①② A. Improve basic skills		①② H. Work-based project		A. Cultural Barriers to Employment																					
①② B. Improve English skills		①② I. Family goal		I. Low Income																					
①② C. H.S. Diploma/HSE		①② J. U.S. Citizenship		B. Disabled																					
①② D. Get a job		①② K. Military		C. Displaced Homemaker																					
①② E. Retain job		①② L. Personal goal		D. English Language Learner																					
①② F. Get a better job		①② M. None		E. Ex-Offender																					
①② G. Enter college/training		①② N. Other		F. Foster Care Youth																					
				G. Homeless																					
				H. Long-term Unemployed																					
				I. Low Income																					
				J. Low Levels of Literacy																					
				K. Migrant Farmworker																					
				L. Seasonal Farmworker																					
				M. Single Parent																					
				N. No CalWORKs/TANF within 2 years																					
				X. None apply to me																					
Economic Status: (Circle all that apply)																									
A. I receive CalWORKs/TANF/AFDC		E. My family income is less than:		F. I am disabled AND my individual income is																					
B. I receive SSI		1 person: \$11,127/year 2 people: \$18,234/year		less than \$11,127 per year AND my family																					
C. I receive General Assistance (GA)		3 people: \$25,034/year 4 people: \$30,904/year		income is more than the levels listed in "E"																					
D. I receive SNAP		5 people: \$36,468/year 6 people: \$42,654/year		G. Other economically disadvantaged																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Course Title</th> <th>CRN</th> <th>Instructor Name</th> <th>Class Time</th> <th>Start Date</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Course Title	CRN	Instructor Name	Class Time	Start Date	1.					2.					3.				
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Student Signature: _____		Date: _____		Student Type: <input checked="" type="checkbox"/> NCR Courses Only																					
How did you hear about us? <input type="checkbox"/> Mt. SAC Mailer <input type="checkbox"/> Mt. SAC Flyer <input type="checkbox"/> Marquee <input type="checkbox"/> Community Organization <input type="checkbox"/> AJCC <input type="checkbox"/> Social Media																									
<input type="checkbox"/> Mt. SAC website <input type="checkbox"/> Instructor <input type="checkbox"/> SCE Student <input type="checkbox"/> Family/Friend <input type="checkbox"/> Adult school <input type="checkbox"/> Other college <input type="checkbox"/> Other _____																									