

**Santa Clara County Regional Occupational Program
Adult Registration**

PLEASE PRINT CLEARLY

Personal Information

Name: _____
First – Middle Initial – Last

Birth Date: ____/____/____
Month Day Year

Gender: (please circle one)
Male/Female

Ethnicity: (please circle one)

Alaskan Native American Indian Asian Black/African American Filipino
Hawaiian Native Hispanic/Latino Pacific Islander White Other
Do Not Wish to State

Address and Telephone

Mailing Address: _____ **City:** _____

Zip Code: _____ **Contact Phone Number:** _____

PLEASE ANSWER QUESTIONS BELOW BY CIRCLING YOUR ANSWERS

Academic History

Highest Level of Education You Have Achieved

High School Graduate/ Associates Degree/ Bachelor's Degree/ GED/ Other

If other please list: _____

Office Use Only

Entry Date _____ Course Title _____ Section Number _____

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Entry Date _____ Course Title _____ Section Number _____

Santa Clara County Regional Occupational Program Adult Registration

In order to continue to provide quality career technical education, we need to fulfill certain statistical requirements. The information will be kept confidential.

Please circle your answers below

Special Populations

Are you Disabled	Yes	No	Visually	Hearing	Learning	Orthopedically
Are you a Dislocated Worker				Yes	No	
Are you a Displaced Homemaker				Yes	No	
Are you Limited English Proficient				Yes	No	
Are you Migrant Worker/Family				Yes	No	
Are you a Single Parent				Yes	No	
Are you a Single Pregnant Woman				Yes	No	
Are you a Veteran				Yes	No	

Special Programs

Are you a participant in one of more of the following programs?

Board of Governors Grant (BOGG)	Yes	No
Bureau of Indian Affairs (BIA)	Yes	No
CalWorks	Yes	No
Food Stamps	Yes	No
Free/Reduced Lunch	Yes	No
General Public Assistance	Yes	No
MediCal	Yes	No
Pell Grant	Yes	No
State Disability Insurance (SDI)	Yes	No
State/Private Voc. Rehabilitation	Yes	No
Supplemental Security Income (SSI)	Yes	No
Unemployment Insurance	Yes	No
WorkAbility	Yes	No
Workforce Investment Act (WIA)	Yes	No

I certify that the above statements are true and correct.

Signature: _____ **Date:** _____