

Student ID # _____

I attended Torrance Adult School before: Yes No



Torrance Adult School - Student Enrollment Information

Last Name (Print) _____ First Name (Print) _____ MI _____ Gender: Male Female Non-Binary

Address: _____
Number Street Apt#

City: _____ Zip: _____ Birth Date ____ - ____ - ____ Ph: (____) ____ - ____
Month Day Year Home Wk Cell

Email: _____

Are you Hispanic or Latino? Yes No

Ethnicity/Race: (Mark one or more):
 White Asian Black Filipino American Indian Pacific Islander/Hawaiian Alaska Native

Native Language: English Spanish Vietnamese Chinese Hmong Cambodian
 Tagalog Korean Lao Russian Farsi Other _____

Circle highest year of school you completed: Elementary: 0 1 2 3 4 5 6 7 8 Secondary: 9 10 11 12 Post-Secondary: 13 14 15 16 +
 Earned outside the U. S.

<p>What is your highest educational level?</p> <input type="checkbox"/> None <input type="checkbox"/> HSE Certificate (HiSet, GED, TASC) <input type="checkbox"/> High School Diploma <input type="checkbox"/> Some College (No degree)	<input type="checkbox"/> 2 Yr College Degree (AA) <input type="checkbox"/> Technical Certificate <input type="checkbox"/> 4Yr College Graduate <input type="checkbox"/> Graduate Studies <input type="checkbox"/> Earned outside the U.S.	<p>Employment Status</p> <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Not employed and not seeking work <input type="checkbox"/> Retired
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Section # 1 _____ Course Title _____ Pmt. Amt. _____

Section # 2 _____ Course Title _____ Pmt. Amt. _____

<p>What are your goals for this school year? Mark all that apply</p> <input type="checkbox"/> Improve basic literacy skills <input type="checkbox"/> Improve English skills <input type="checkbox"/> H.S. Diploma/HSE <input type="checkbox"/> Get a job <input type="checkbox"/> Retain a job <input type="checkbox"/> Enter college or training <input type="checkbox"/> Work-based project <input type="checkbox"/> Family goal <input type="checkbox"/> U.S. Citizenship <input type="checkbox"/> Military <input type="checkbox"/> Personal goal <input type="checkbox"/> Other <input type="checkbox"/> Get a better job <input type="checkbox"/> Enter short-term training <input type="checkbox"/> Get off TANF or other Public Assistance	<p>Barriers to Employment Mark ALL that Apply</p> <input type="checkbox"/> Cultural Barriers <input type="checkbox"/> Disabled Type: _____ <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> English Language Learner <input type="checkbox"/> Ex-Offender <input type="checkbox"/> Foster Care Youth <input type="checkbox"/> Homeless <input type="checkbox"/> Long-term Unemployed <input type="checkbox"/> Low Income - Below \$16,499 Add \$10,000 for each additional family member <input type="checkbox"/> Low Literacy / Math <input type="checkbox"/> Migrant Farmworker <input type="checkbox"/> Single Parent <input type="checkbox"/> Seasonal Farmworker <input type="checkbox"/> Other Barriers: _____
	<p>Status / Public Assistance Mark ALL that Apply</p> <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Food Stamps / Cal Fresh / SNAP <input type="checkbox"/> Free and Reduce Lunch <input type="checkbox"/> No TANF - CalWORKs within 2 years. <input type="checkbox"/> TANF - CalWORKs <input type="checkbox"/> SSI <input type="checkbox"/> U.S. Veteran <input type="checkbox"/> WIOA: <input type="checkbox"/> I <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Other Public Assistance <input type="checkbox"/> None of the Above

<p>All students must mark this area:</p> <input type="checkbox"/> Limited English Proficiency (LEP) <input type="checkbox"/> Economically Disadvantaged/Low Income <input type="checkbox"/> Medi-Cal	<p>Grants & Financial Assistance</p> <input type="checkbox"/> BOGG (Board of Governor's Grant) <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> CalWORKs <input type="checkbox"/> General Assistance (GA) <input type="checkbox"/> Pell Grant
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Where did you hear about us: Friend Work Internet/Web Instagram Drive By
 Family Member Catalog Facebook Twitter Other _____

Emergency Contact: _____ Relationship: _____ Contact Phone: _____
Name Home Wk Cell

By signing this form, I agree to the Internet Agreement on the TAS website under the Terms of Use and the photo Release Agreement in the Catalog.
*If you do not agree to the Photo Release agreement, please submit a letter to the Torrance Adult School Administrator.
By signing this form, I allow my school information to be shared with other educational/career institutions.

Student Signature: _____ Date: _____