

***Please take time to fill out this form All areas are required information!***

\_\_\_\_\_ Check here if you are a **NEW** student (First time at this school)

Today's Date \_\_\_\_\_ Returning Student ID# \_\_\_\_\_ Update Information \_\_\_\_\_  
(Fecha de hoy) (Please write down Downey Adult School ID number - Only) (New address/ Phone/or Name)

Student Name: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_  
Last Name (Apellido Paterno, o de casada) First Name (Primer Nombre) Middle Name (Segundo Nombre)

Email: \_\_\_\_\_ Social Security# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mes Día Año

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(Dirección) (Ciudad) (Código Postal)

Phone No. ( ) \_\_\_\_\_ Cell No. ( ) \_\_\_\_\_ Your Country \_\_\_\_\_  
(País de Origen)

**EMERGENCY CONTACT** \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_  
Name & Relationship (Nombre y Relación/Parentesco) (Número del Contacto de Emergencia)

**RACE** (Please mark one)

Hispanic

Not Hispanic

**HIGHEST YEAR OF SCHOOL COMPLETED**

\_\_\_\_\_

(Grade 1 through 16)

Majority of Schooling Outside US

**ATTAINABLE GOAL**

\*Choose 2 goals\*

**1 = Primary Goal 2 = Secondary Goal**

Improve Basic Literacy Skills

Improve English Skills

HS Diploma/GED/HiSET

Get a Job

Retain a Job

Get a different Job

Enter College or Training

Work-based Project

Family Goal

U.S. Citizenship

Military

Personal Goal

Other \_\_\_\_\_

**SPECIAL STATUS** (Student Type)

Displaced Homemaker

Limited English Proficient

Single Parent

**Economically disadvantaged**  
(Mark all that apply)

BOGG Grant

Bureau of Indian Affairs Assistance

CalWORKs

Free/Reduced Lunch

GA (General Assistance) or GR (General Relief)

Individual with a disability

Low Income

Migrant

PELL Grant

Rehabilitation

Supplemental Security Income (SSI)

TANF

Veteran

WIA

WIC

**ETHNICITY** (Please mark one)

Alaskan Native or American Indian

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Other \_\_\_\_\_

**HIGHEST DIPLOMA OR DEGREE EARNED**

None

GED

High School Diploma

Technical Certificate

A.A./A.S. Degree

4 Year College

Graduate Studies

Other \_\_\_\_\_

I Earned the Above Outside of the U.S.

**DEPENDENTS**

Number of Dependents \_\_\_\_\_

Number of K-12 students in family \_\_\_\_\_

**NATIVE LANGUAGE**

English

Spanish

Arabic

Cambodian

Chinese

Farsi

Korean

Lao

Russian

Tagalog

Vietnamese

Other \_\_\_\_\_

**EMPLOYMENT**

Employed  Yes  No

If "Yes," please answer the information below:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Title: \_\_\_\_\_

**PAYMENT**

Cash \$ \_\_\_\_\_

Check \$ \_\_\_\_\_  
Check # \_\_\_\_\_

Visa \$ \_\_\_\_\_

MasterCard \$ \_\_\_\_\_

MO \$ \_\_\_\_\_  
MO# \_\_\_\_\_

**REFUNDS** may be issued less 15% processing fee.  
**NO REFUNDS** will be issued after third class meeting.

**Staff Initials** \_\_\_\_\_

**DAS - CONTACT INFORMATION**

**12340 Woodruff Ave.**  
**Downey, CA. 90241**

**Phone: (562) 940-6200**

**FOR INSTRUCTOR USE ONLY:**

Related  Unrelated

**CLASS SELECTION**

<hr/> <b>Course Number</b>	<hr/> <b>Class Name</b>	<hr/> \$ <b>Fee</b>
<hr/> <b>Course Number</b>	<hr/> <b>Class Name</b>	<hr/> \$ <b>Fee</b>
<hr/> <b>Course Number</b>	<hr/> <b>Class Name</b>	<hr/> \$ <b>Fee</b>

**REFUND POLICY:**

Downey Adult School follows a fair and equitable refund policy for the refunds of fees and other institutional charges as adopted by the Commission on Occupational Education. Refunds are given if the class is canceled. To receive a refund, a student must complete a Refund Request Form from the main office. Once the form is completed by the student, it must be approved by Administration. Once approved, the refund request is processed. There are no refunds on textbooks or uniforms. Also, there are no refunds or class exchanges for community education classes. The refund check will be mailed to the student. The process may take up to six weeks.

*I understand that D.A.S. may issue a refund, less a 15% processing fee, if the request is made prior to the third class meeting, whether attended or not. If approved, refunds will be received within 4 to 6 weeks of request.*

 **Student's Signature** \_\_\_\_\_

**PLEASE TAKE A MOMENT TO ANSWER THE FOLLOWING QUESTIONS:**

How did you hear about Downey Adult School?

- |                                    |                                |                                   |                                   |
|------------------------------------|--------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Banners   | <input type="checkbox"/> Event | <input type="checkbox"/> Friend   | <input type="checkbox"/> Marquee  |
| <input type="checkbox"/> Catalogue | <input type="checkbox"/> Flyer | <input type="checkbox"/> Internet | <input type="checkbox"/> Postcard |

**ADDITIONAL COMMENTS OR SUGGESTIONS:**

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**LOOKING FOR A NEW CAREER?**

What class(es) would you like to see offered at Downey Adult School?

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