

# Adult Enrollment Questionnaire

## Where did you hear about us?

*(mark all that apply)*

- Counselor
- Instructor
- Career Training Center
- Newspaper
- Radio/TV
- School Mailing
- Brochure
- Friend/Relative
- Employer
- Advertisement Bulletin
- Previously Enrolled
- Website
- Other

## Why are you taking this class?

*(mark one)*

- Prepare for a job
- Upgrade job skills
- Other \_\_\_\_\_

## Education *(mark all that apply)*

- Some high school, no diploma
- High school graduate or GED
- Some college
- Associate degree
- Bachelor degree
- Graduate degree

## Special Needs *(mark all that apply)*

- Basic skills deficiency
- Socioeconomically Disadvantaged
- Limited English
- Learning disabled

## How many financial dependents do you have?

- |                                |                                       |
|--------------------------------|---------------------------------------|
| <input type="checkbox"/> One   | <input type="checkbox"/> Six          |
| <input type="checkbox"/> Two   | <input type="checkbox"/> Seven        |
| <input type="checkbox"/> Three | <input type="checkbox"/> Eight        |
| <input type="checkbox"/> Four  | <input type="checkbox"/> Nine or More |
| <input type="checkbox"/> Five  | <input type="checkbox"/> None         |

## If you are currently enrolled in a school other than high school, please indicate type of school *(mark all that apply)*

- Adult school
- Community college
- University
- Vocational/ROP
- Apprenticeship
- Trade/Technical School
- Other

## Other

*(mark all that apply)*

- Special Education
- Bus Transport
- Independent Study
- Veteran
- Employed
- Under 16 years
- HS Graduate
- Parole/Probation

## Are you currently receiving assistance from any of these programs?

*(mark all that apply and circle program)*

- Welfare-To-Work (WTW)/Family Stabilization (FS)
- Foster Care/Child Care Assistance/Cash Aid
- Bureau of Indian Affairs Assistance
- Unemployment, Welfare, General Assistance
- WIA/WIOA
- Supplemental Social Security (Including Disability)
- Receiving Child Support
- Medi-Cal
- PELL Grant/Board of Governors Grant
- Food Stamps/Cash Aid /Cal Fresh
- CalWORKs/GAIN
- TANF/ Work Incentive Nutritional Supplement (WINS)
- Rehabilitation (DOR)
- Housing Support Program (HSP)
- Cal Refugee / General Relief (GR)
- Other Qualifying Agency \_\_\_\_\_

## Annual household income level

*(mark one)*

- \$11,670 or less
- \$11,671 – \$15,729
- \$15,730 – \$19,789
- \$19,790 – \$23,849
- \$23,850 – \$27,909
- \$27,910 – \$31,969
- \$31,970 – \$36,029
- \$36,030 – \$40,089
- Over \$40,090

## Disability Status

*(mark all that apply)*

- Hearing impaired
- Deaf
- Deaf/Blind
- Visually impaired
- Speech impaired
- Orthopedic
- Other health
  - Mental
  - Emotional
  - Learning
- Multiple Disabilities

## Name of class enrolled in:

## Time class meets:

## Semester / Year:

Information requested is optional and will be kept confidential. Please return this form at time of registration. Thank you.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_