

**PATTERSON UNIFIED SCHOOL DISTRICT
ADULT EDUCATION REGISTRATION FORM**
(please print)

Registration Date: _____

SASI Number _____
(Office)

STUDENT INFORMATION

Student Name: _____ Gender Male Female
(Last Name) (First Name) (Middle Name)

Maiden or other name: _____ Home Phone: _____

Birth date: ____/____/____ Place of Birth: _____ SSN: _____
(m) (d) (y) (City) (State)

Mailing Address: _____
(House number/PO Box) (City) (State) (Zip)

Street Address: _____
(House number) (City) (State) (Zip)

Student Lives With: Both parents Mother Father Grandparents Guardian Foster parents Other _____

Ethnicity/Race: (Check one) Asian Black Filipino Hispanic Indian (American) Pacific Islander White

Home Language:

- Primary Language (most fluent) _____
- Home Language (student speaks at home) _____
- Correspondence Language (mailing) _____

Instructional Setting:

- Special Educations (Does the student have an active Individual Education Plan (IEP) Yes No
- Resource Specialist Program (RS)
- 504 Plan
- Gifted/Talented Education (GATE)
- English as a Second Language (ESL)
- Migrant Education Program
- Other Program(s) _____

Year you first entered school in the United States: _____

Has student ever attended Patterson Unified School District: Yes No What Grade(s) _____

Last School You Attended: School Name: _____

Address: _____

City/State/Zip: _____

PARENT / GUARDIAN INFORMATION

What is the highest level of education of your parents:

Mother: K-6 7-8 9 10 11 12 some college BA MA Above MA
Father: K-6 7-8 9 10 11 12 some college BA MA Above MA

Have you passed the California High School Exit Exam? Math Yes Date: _____ No

English Yes Date: _____ No