



COASTLINE

REGIONAL OCCUPATIONAL PROGRAM
Innovate · Educate · Inspire

ADULT REGISTRATION		
<input type="checkbox"/> FALL	<input type="checkbox"/> SPRING	<input type="checkbox"/> SUMMER

ADULTS MAY ENROLL IN CLASSES DESIGNATED WITH AN A

Course Name	Location / Room	Day / Time	Start	Sec#

STUDENT INFORMATION PLEASE PRINT

Last Name	First Name	Middle	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Address		City	Zip Code	Cell Phone
Emergency Contact Name		Relationship		Emergency Phone

CHECK ONE

Ethnicity <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Filipino <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Alaskan Native	Native Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Hmong <input type="checkbox"/> Cambodian <input type="checkbox"/> Tagalog <input type="checkbox"/> Korean <input type="checkbox"/> Lao <input type="checkbox"/> Armenian <input type="checkbox"/> Russian <input type="checkbox"/> Farsi <input type="checkbox"/> Other	School District of Residence <input type="checkbox"/> Huntington Beach Union High School District <input type="checkbox"/> Irvine Unified School District <input type="checkbox"/> Newport-Mesa Unified School District <input type="checkbox"/> Saddleback Valley Unified School District <input type="checkbox"/> Tustin Unified School District <input type="checkbox"/> Other
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PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM. INCOMPLETE FORMS WILL BE RETURNED.

ADULT REGISTRATION IS WALK-IN ONLY • MUST SHOW IDENTIFICATION TO REGISTER

SPRING 2018	LOCATION & TIME	FEES
<ul style="list-style-type: none"> • Current students <i>(priority form required)</i> Begins Tuesday, January 16, 9am • New Student Begins Wednesday, January 17, 9am • Fee-Based Classes (CNA) Begins Thursday, January 18, 9am • Out of district students Begins Tuesday, January 19, 9am 	Coastline ROP, Registration 1001 Presidio Square Costa Mesa, CA 92626 Monday through Friday 9:00 am - 4:00 pm	Acceptable payment methods: Fee-based <ul style="list-style-type: none"> • Credit Card • Money order • Cashier's check \$150 Courses <ul style="list-style-type: none"> • Credit Card • Money order • Cash • Personal check • Cashier's check

• Registration Fee is non-refundable • Refunds are made ONLY if the course is cancelled • You must attend the first class meeting to complete the enrollment process
 • Coastline ROP does not provide accident insurance for classes held on school sites • See the course schedule for details or visit www.coastlinerop.net

FOR OFFICIAL USE ONLY

Date Entered	By	Date Recorded	Check #	Cash	CCC	FW	By
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By answering these questions, ROP receives additional federal and state funding to serve adults enrolled in ROP programs. Your assistance is appreciated.

<p>Labor Force Status</p> <input type="checkbox"/> Employed <input type="checkbox"/> Not employed / not seeking work <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed	<p>Annual household income level</p> <input type="checkbox"/> \$15,443 or less <input type="checkbox"/> \$15,444 - 20,825 <input type="checkbox"/> \$20,826 - 26,207 <input type="checkbox"/> \$26,207 - 31,589 <input type="checkbox"/> \$31,590 - 36,971 <input type="checkbox"/> \$36,972 - 42,353 <input type="checkbox"/> \$42,354 - 47,748 <input type="checkbox"/> \$47,749 - 53,156 <input type="checkbox"/> \$56,157 - 58,564 <input type="checkbox"/> \$58,565 - 63,972 <input type="checkbox"/> \$63,973- 69,380 <input type="checkbox"/> Over \$69,381	<p>Economic Special Needs</p> <input type="checkbox"/> Basic Skills Deficiency <input type="checkbox"/> Cal Learn <input type="checkbox"/> California Training Benefits (EDD) <input type="checkbox"/> CalWORKs Recipient <input type="checkbox"/> Client of State/Private Rehab <input type="checkbox"/> Current Military <input type="checkbox"/> Disabled Student Services Client <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Economically Disadvantaged <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Relief <input type="checkbox"/> JTPA/ WIA (Workforce Investment Act) <input type="checkbox"/> Limited English Proficiency <input type="checkbox"/> Medical <input type="checkbox"/> Single Parent <input type="checkbox"/> SSI Recipient <input type="checkbox"/> State Disability Insurance Recipient <input type="checkbox"/> TANF <input type="checkbox"/> Total Migrant <input type="checkbox"/> Veteran <input type="checkbox"/> Workability <input type="checkbox"/> None
<p>How many total years of school have you completed? _____</p>		
<p>Highest Degree Earned</p> <input type="checkbox"/> A.A./A.S. Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> GED Certificate <input type="checkbox"/> Graduate Degree <input type="checkbox"/> High School Diploma <input type="checkbox"/> None <input type="checkbox"/> Technical/Certificate		
<p>Disability Status</p> <input type="checkbox"/> Deaf or Hard-of-Hearing <input type="checkbox"/> Developmental <input type="checkbox"/> Legally Blind <input type="checkbox"/> Non-Physical Disability (mental/emotional/learning) <input type="checkbox"/> Orthopedic Disability <input type="checkbox"/> Other Disability <input type="checkbox"/> None	<p>Family Size (number) _____</p>	
<p>How many financial dependants do you have? _____</p>	<p>Marital Status</p> <input type="checkbox"/> Single <input type="checkbox"/> Married	

Do you have children in K-12 receiving free or subsidized lunch?
 Yes No

Email

Would you like to receive class updates via cell phone or email?
 Cell Email

The information I have provided is true and correct to the best of my knowledge.
 I am aware of the objectives and requirements of this course and that I must attend the first class meeting to confirm registration.

Student Signature	Date
Print Name	