



Acalanes Adult Center
1963 Tice Valley Blvd.
Walnut Creek, CA 94595
 925-280-3980 ext. 8001 925-280-3981 (FAX)

Registration Form

You can complete this form on your own computer. To move from field to field, use the Tab key. You may then print the completed document and if desired, save the document template to your own computer. Duplicate fields will be repopulated after your first entry.

Disclaimer: I realize that there is an inherent risk of injury when participating in these classes or recreational activities. I understand and acknowledge that in order to participate in these activities I agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities. I understand that the Acalanes Union High School District does not carry medical accident insurance for injuries sustained in its programs and I therefore assume the risk of any injuries arising out of or in connection with participation in said classes or activities. In the event of any emergency, I authorize the school officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for immediate care and agree that I will be responsible for payment of all services rendered. In the event that the student is a minor, the above consent must be agreed upon and signed by the parent.

I have read and fully understand the agreement above, assume all risk for any injuries sustained and consent to emergency medical treatment. I also have read and agree to abide by the registration/refund policies published in the current AAEC brochure and the AUHSD [Student Internet and Network Responsible Use Agreement](http://www.acalanes.k12.ca.us/forms/StudentUseAgreement.pdf) currently posted online at: <http://www.acalanes.k12.ca.us/forms/StudentUseAgreement.pdf>

Signature: _____ Date: _____

NO confirmation will be sent by Acalanes Adult Education Center office. (Please Print Clearly Below)

Home Phone _____ (Provide phone number to be used as your student number)

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip Code _____

Email: _____

Goal/Reason for Returning to School: (to be achieved within one year)

- Improve Basic Skills
 HS Diploma
 US Citizenship
 Family Goal
 None
 Improve English Skills
 GED
 Improve job skills
 Personal Goal
 Other:

In order for the Adult Center to receive state funding, it needs specific information on the students served. Your cooperation in completing this form is greatly appreciated.

Enter your Birthdate	MM	DD	YYYY	Native Language (if not English):			
				Gender:	Male		Female

Please check ethnicity (one or more)

African American			Asian			Hispanic			Pacific Islander		
Alaskan			Filipino			Native American			White		
Other											

Course Selections

Course#	Title	Fee	Day	Time	Instructor

Make your checks payable to Acalanes Adult Education Center. Please provide a separate check for CCOR, DIRC.

Type of Payment: Cash Check # _____ Credit Card: MC VISA (Credit card/debit use for AAEC only—FAX to 280-3981)

Account # _____ Exp Date _____

Authorized Signature _____

For Parent Education Classes, please provide the child's name and birthdate.

Child's Name	Child's Birthdate	Child's Name	Child's Birthdate
	MM DD YYYY		MM DD YYYY