School Year:	Quarter (check):	Fall Winter	Spring
Home School (check	c): AHS ACIS CHS LLHS	MHS Out of District:	
Student's Name:		Grade	: Birthdate:
Home Address:		City	:Zip:
Parent/Guardian:		Home Phone:	Cell Phone:
Parent Email Addres	ss:	Student Email Address:	
Requested Class:		Units:	Day:Time:
Reason for Enrollme	nt:		Failed?
is given to senion checking studer  2. Concurrent stude addition to regres  3. An Acalanes Ad  4. Discipline problem violation of Adm student being we students may meabsence. Tardie  6. Parents/guardia  7. There are no fee  8. Adult students in quarter.  9. Concurrent students in the completed	ors who need core or elective credit for good to grades/progress in Adult Education class dents are required to complete 20 hours in the class attendance and the completion are ultration quarter is the equivalent of a sems are not tolerated. The Acalanes Union ininistrative Regulation 5144.1, or Education withdrawn from the class, and further disciplet have more than two (2) absences during are less than ten (10) minutes. Studen are responsible for arranging transporters for classes taken by concurrent student thave priority enrolling in classes, and the condens must complete an Acalanes Adult Education of the class must complete an Acalanes Adult Education of the grades are less than ten (10) minutes.	raduation. Comprehensive high sees to ascertain graduation status in the Acalanes Adult Education I of homework.  a comprehensive high school sement High School District Behavior Poor Code Sections 48900, 48915, or plinary action at their home school may be determined by the quarter or they will be dropted to and from Acalanes Adult as class may be cancelled if no adult ducation Registration Form.	nester.  Dolicy applies to high school students. Any rethe attendance policy will result in the ol.  Dopped from the class. Three (3) tardies = 1 dies, or 1 absence and 3 tardies.  Education at the Del Valle Education Center.
11. No confirmation	n notice will be sent from the Acalanes Ado	ult Education Office.	
 Date	Student's Signature	Parent/Guardian's Signa	iture
We verify that this s	_	n School Site Approval counseled the student, and paren	t about adult education. (Ed Code §5200.1)
Date	Guidance Counselor's Signature	Principal's Signature	
Counselor Phone/Ex	tension: Em	ail Address:	
Note: If the student	is enrolled in Special Education, please p	rovide the name of the Learning	Skills Teacher. Attach a copy of the IEP.
Learning Skills Teach	ner:	Phone/ Extension:	
I accept this studen		Adult Education Approval transmit grade information to the	ne school on the completion of the course.
Date	Director's/Administrative [	Designee's Signature	