Acalanes Adult Education (AAE)
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 AAE brochure and the AUHSD Student Internet and Network Responsible Use Agreement currently posted online at: http://www.acalanes.k12.ca.us/forms/StudentUseAgreement.pdf

Signature: _____ **Date:** _____

NO confirmation will be sent by Acalanes Adult Education 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 checks payable to AAE, for Acalanes Adult Education. RCC for Rossmoor Computer Club. DIRC for Diablo International Resource Center

Type of Payment: ☐ ***Cash*** ☐ ***Check #*** _____ ***Credit Card:*** ☐ *MC* ☐ *VISA* *Discover* ***(Credit card/debit use for AAE 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