

Del Norte County Office of Education Adult Education Registration

<small>Office Use Only</small>			
Student # _____	HiSET# _____	GED# _____	TASC# _____
Last Name	Enter Date	Exit Date	Reason for Exit: for office use
			<input type="checkbox"/> Graduated <input type="checkbox"/> Moved <input type="checkbox"/> Attending other school <input type="checkbox"/> Unable to continue <input type="checkbox"/> No Show <input type="checkbox"/> Credits Earned?
First Name/Middle Initial	Name on HS transcript	Phone	
Physical Address	Mailing Address	City	EMAIL Address
Date of Birth	Highest Year of School	Highest Degree or Diploma	
Name of Last High School(s)	Address, City, State	Approximate Dates Attended	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Born Outside USA or an English Learner? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No	US Entry Date _____ US School Entry Date: _____ CA School Entry Date: _____		
Race: <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Filipino <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other: _____ <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Alaska Native			
Language: <input type="checkbox"/> English <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Lao <input type="checkbox"/> Other: _____ <input type="checkbox"/> Spanish <input type="checkbox"/> Cantonese <input type="checkbox"/> Portuguese <input type="checkbox"/> Hmong			
Language Fluency: <input type="checkbox"/> English Only <input type="checkbox"/> LEP/English Language Learner			
Special Education And Speech: <input type="checkbox"/> Not Special Education <input type="checkbox"/> DIS-Inst Service (Speech) <input type="checkbox"/> SDC- Not Severely Handicapped <input type="checkbox"/> RSP-Resource Program <input type="checkbox"/> SDC-SH-Severely Handicapped <input type="checkbox"/> 504 Plan			
Homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Homeless - Please check the appropriate dwelling type box you are currently living <input type="checkbox"/> temporary shelter <input type="checkbox"/> hotels/motels <input type="checkbox"/> temporarily doubled up <input type="checkbox"/> temporarily unsheltered		
Emergency Contacts:	Name:	Address:	Phone:
Books Given to Student			
Office Use Only			



REQUEST FOR STUDENT TRANSCRIPT

Del Norte County Adult Education



Student Name (including any alias/former name):

Date of Birth:_____

School Name, Address:_____

School Phone, Fax:_____

Dates Attended

From (month/year):_____To (month /year):_____

School Name, Address:_____

School Phone, Fax:_____

Dates Attended

From (month/year):_____To (month /year):_____

School Name, Address:_____

School Phone, Fax:_____

Dates Attended

From (month/year):_____To (month /year):_____

I hereby authorize the release of my academic record to the
Del Norte County Adult Education program

Student Signature:_____Date:_____

Please mail, fax, or e-mail transcript to:

Del Norte County Adult Education

400 W. Harding Avenue

Crescent City, CA 95531

Phone (707) 464-0750

Fax (707) 465-5116

amckellar@dnusd.org or clarson@dnusd.org