



Sierra County Schools for Adults, SCSFA
 P.O. Box 955, 700 Fourth Street, Loyalton, CA 96118

Phone: 530-993-1660, Ex.180 FAX: 530-993-0828
 sierracountyofficeofeducation.org

Adult Education Registration & Enrollment Form
 (Please Print Clearly Below)

Last Name:		First Name:		Birthdate:	
Contact Phone:			Email:		
Mailing Address:					
City:		State:		Zip:	

Goal/Reason for Returning to School:

<input type="checkbox"/> Improve Basic Skills	<input type="checkbox"/> GED	<input type="checkbox"/> Family Goal
<input type="checkbox"/> Improve English Skills	<input type="checkbox"/> U.S. Citizenship	<input type="checkbox"/> Personal Goal / Growth
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Improve Job Skills	<input type="checkbox"/> None

Other reasons or additional information:

In order for SCSFA to receive State Funding, we are asked to collect specific information about the students we serve. Your cooperation is greatly appreciated, and all information is confidential.

Native Language:		Gender:	
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Ethnicity, Choose One or More

<input type="checkbox"/> African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Alaskan	<input type="checkbox"/> Filipino	<input type="checkbox"/> Native American
<input type="checkbox"/> Other	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> White

Course Selections

Location	Course #	Title	Fee	Day	Time	Instructor

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 Sierra County Office of Education / Sierra-Plumas Joint Unified 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 have read the current policy for SPJUSD student internet and responsible use, [SPJUSD Acceptable Practices for Internet](#), and the [Chromebook Use Agreement](#), and agree to the terms of the policies.

Signature: _____ Date: _____

Email completed form to Wendy Jackson, wjackson@spjUSD.org, or return with payment to District Office. Checks payable to SCOE.