☐ FORKLIFT ☐ FLORAL DESIGN ☐ JOB ☐ COMP

(*Please write clearly!*)

Hamilton Adult Education

FORKLIFT CERTIFICATION/FLORAL… ENROLLMENT FORM 2020-2021

TODAY'S DATE:	**DATE OF BIRTH:**	**GENDER:** ☐ MALE / ☐ FEMALE

LAST NAME:	**FIRST NAME:**	**MIDDLE INITIAL:**

MAILING ADDRESS:	**CITY:**	**STATE:**	**ZIP CODE:**

CONTACT PHONE NUMBER:	**E-MAIL:**

ETHNICITY *(Check all that apply)*

☐ White
☐ Black/African American
☐ Asian
☐ American Indian
☐ Alaska Native
☐ Filipino
☐ Native Hawaiian
☐ Other Pacific Islander

HISPANIC OR LATINO? ☐ Yes / ☐ No

NATIVE LANGUAGE: *(Check 1 Only)*

☐ English ☐ Spanish ☐ Chinese ☐ Arabic ☐ Lao
☐ Armenian ☐ Korean ☐ Hmong ☐ Vietnamese ☐ Cambodian
☐ Panjabi ☐ Hindi ☐ Navajo ☐ French ☐ Farsi
☐ Polish ☐ German ☐ Russian ☐ Ukrainian ☐ Tagalong

SCHOOLING: # of Years: ___ **MAJORITY OUTSIDE THE US:** ☐ Yes / ☐ No
CONCURENTLY ENROLLED IN HIGH SCHOOL/K-12: ☐ Yes / ☐ No

MARITAL STATUS: ☐ Single / ☐ Couple

DEGREE: ☐ BA+ / ☐ 4 yr. / ☐ AA / ☐ Tech / ☐ H.S. / ☐ HSE / ☐ None
RECEIVED OUTSIDE US: ☐ Yes / ☐ No

 # K – 12 STUDENTS IN FAMILY: ____
 # OF DEPENDENTS: ____

(Check all of the Student Type I and Type II that apply)

STUDENT TYPE I

DISABILITIES
☐ Health Impaired
☐ Hearing Impaired
☐ Learning Impaired
☐ Physically Disabled
☐ Speech Impaired
☐ Visually Impaired

BARRIERS:
☐ Cultural/Religious Barriers
☐ Dislocated Worker
☐ Displaced Homemaker
☐ Ex-offender
☐ Probation/parole
☐ Homeless

☐ Low-income
☐ Migrant Farmworker
☐ Seasonal Farmworker
☐ Rehabilitation
☐ Single Parent
☐ Veteran
☐ None of the above apply

STUDENT TYPE II

SERVICES RECEIVED
☐ TANF
☐ CalWORKs
☐ AFDC
☐ BOG Grant
☐ Bureau of Indian Affairs
☐ Food Stamps/CalFresh
☐ Foster Care Youth
☐ General Public Assistance

☐ SSI/SSA/SSDI
☐ Support/Career Services
☐ WIOA (WIA IB in TE)
☐ Title I ☐ Title III
☐ Title IV
☐ Workplace Educ.
☐ Other: _____
☐ None of the above apply

EMERGENCY CONTACT: Name: Contact Phone:

LABOR FORCE STATUS: (Check all that apply)
☐ Unemployed: ☐ Employed
☐ Not in labor force ☐ Employed, with notice

GOAL FOR THIS YEAR *(check 1 only)*:
☐ Learn English ☐ Enter military ☐ Get a job ☐ Get a better job ☐ Earn U.S. Citizenship
☐ Retain current job ☐ Earn high school diploma/equivalency ☐ work based project

FORKLIFT TRAINING

*****PAYMENT OF $10 PER PARTICIPANT MUST BE RECEIVED PRIOR TO TAKING THE COURSE!*****

Hand deliver preferred to 535 Sacramento Ave, Hamilton City, CA 95951 – Mon. – Fri. 12:00 p.m. to 5:30 p.m.
Mail money order and application to Hamilton Unified School District – Attn: Lupe Mercado, P.O. Box 488 Hamilton City, CA 95951.

PLEASE SELECT SECTION TO ENROLL IN: *(courses are 6:00 p.m. to 9:00 p.m. (first day) – 8:00 a.m. to 4:00 p.m. (second day))*

☐ ***Sec. 1*****:** 8/27/20 & 8/29/20 ☐ ***Sec. 2*****:** 9/24/20 & 9/26/20 ☐ ***Sec. 3*****:** 10/22/20 & 10/24/20 ☐ ***Sec. 4*****:** 3/26/21 &3/27/21
☐ ***Sec. 5*****:** 4/23/21 & 4/24/21 ☐ ***Sec. 6*****:** 5/28/21 & 5/29/21 ☐ ***Sec. 7*****:** 6/25/21 & 6/26/21

FLORAL DESIGN

*****FREE!*****

Hand deliver to 535 Sacramento Ave, Hamilton City, CA 95951 – Mon. – Fri. 12:00 p.m. to 5:30 p.m.
Mail application to Hamilton Unified School District – Attn: Lupe Mercado, P.O. Box 488 Hamilton City, CA 95951.

PLEASE SELECT SECTION TO ENROLL IN: *(courses are 5:00 p.m. to 8:00 p.m.)*

FALL: ☐ ***Sec. 1:*** 10/20/20 ☐ ***Sec. 2:*** *11/17/20* **SPRING:** *TBA* *10 participants needed for class to occur.*

JOB REENTRY

*****FREE!*****

Hand deliver to 535 Sacramento Ave, Hamilton City, CA 95951 – Mon. – Fri. 12:00 p.m. to 5:30 p.m.
Mail application to Hamilton Unified School District – Attn: Lupe Mercado, P.O. Box 488 Hamilton City, CA 95951.

DATE & Time: *Course takes place on Wednesdays from 6:00 p.m. to 8:00 p.m.*
10 Participants needed for class to occur.

COMPUTER LITERACY

*****FREE!*****

Hand deliver to 535 Sacramento Ave, Hamilton City, CA 95951 – Mon. – Fri. 12:00 p.m. to 5:30 p.m.
Mail application to Hamilton Unified School District – Attn: Lupe Mercado, P.O. Box 488 Hamilton City, CA 95951.

DATE & TIME: *Course takes place on Monday & Wednesday from 6:00 p.m. to 8:00 p.m.)*
10 Participants needed for class to occur.

CPR/ First Aid

*****PAYMENT OF $10 for STUDENT and $50.00 for STAFF PARTICIPANT MUST BE RECEIVED PRIOR TO TAKING THE COURSE!*****

Hand deliver to 535 Sacramento Ave, Hamilton City, CA 95951 – Mon. – Fri. 12:00 p.m. to 5:30 p.m.
Mail application to Hamilton Unified School District – Attn: Lupe Mercado, P.O. Box 488 Hamilton City, CA 95951.

DATE & TIME: ☐ *October 12 , 2020 8:00am-12:00pm* ☐ *October 16, 2020 5:00pm-9:00pm* *10 Participants needed for class to occur.*

My signature serves as validation that I have checked all of the information contained in this document and that it is true and correct.

STUDENT'S SIGNATURE: _____ **DATE:** _____

How to Enroll: *Fax this Form to 530-826-3929, or email Lupe Mercado at lmercado@husdschools.org, hand deliver to 535 Sacramento Ave, Hamilton City, CA 95951 – Mon. – Fri. 12:00 p.m. to 5:30 p.m. (You are not guaranteed enrollment. If there are no spots are available you will be placed into another section or on a waitlist.)*