



TEST DATE: \_\_\_\_\_

BEAUMONT ADULT SCHOOL  
STUDENT REGISTRATION FORM  
1575 Cherry Avenue, Beaumont, California 92223  
Phone: 951.845.6012 FAX: 951.769.8760  
www.bas-beaumont-ca.schoolloop.com

Any data contained in this application is considered confidential and will be used for placement purposes only. Beaumont Adult School is required by state and federal agencies to report data for funding and census information only. The applicant's name is not attached to any data required for reporting purposes and at no time will the applicant's name be connected with the data provided to outside agencies as permitted by state and federal law.

**PLEASE PRINT CLEARLY**

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female Returning Student:  Yes  No  
Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email: \_\_\_\_\_

How do you prefer to be contacted?  Cell Phone  Home Phone  Work Phone  Email

**For what class are you enrolling?**

- ESL Advanced  ESL Beginning  ESL Distance Learning  ESL Intermediate
- ESL Read in English \_\_\_\_\_ Wed. \_\_\_\_\_ Fri  ESL Tutoring  ESL/Citizenship
- H.S. Concurrent  HiSET  H.S. Independent Studies  High School Diploma
- HiSET Test
- CNA  CPR  LVN  Pre Nursing  MA  Typing Test

Do you prefer  AM  PM

**EMERGENCY CONTACT INFORMATION**

Who should we call in an emergency?

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Contact's Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Enrollment Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Student ID # \_\_\_\_\_

Class Name: \_\_\_\_\_  AM  PM

Class Name: \_\_\_\_\_  AM  PM

FALL  SPRING  SUMMER  Q1  Q2  Q3  Q4  ESL  HSD  HSE  CTE

**COMMUNITY INTEREST:**

How did you hear about us? Website Brochure Family Counselor Other

If you checked “Other,” please specify: \_\_\_\_\_

\_\_\_\_\_

**CUSTOMER GROUP:** This section will provide us with information relating to base groups of individuals that are similar in specific need or services. Please check all that apply:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Are you currently enrolled in high school/K-12?                                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Do you receive general assistance?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Do you receive WIC?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Do you receive Food Stamps?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Are you enrolled in TANF or AFDC?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Are you enrolled in the GAIN program?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Are you enrolled in CalWORKs?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Do you participate in the free or reduced price lunch program for your children? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. Are you a veteran?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. Are you part of the WIOA program?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 11. Are you a dislocated worker (pending/actual layoff)?                            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 12. I do not participate in any of the choices listed above.                        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**BARRIERS TO EMPLOYMENT:** *Please check all that apply*

- Displaced Homemaker** *(a person who previously provided unpaid services to the family (e.g. a stay-at-home mom or dad), is no longer supported by the spouse, is unemployed or underemployed, and is having trouble finding or upgrading employment)*
- Low Income** *(earning below the poverty level)*
- Individual with a disability** *(inability to pursue an occupation because of a physical or mental impairment)*
- Ex-offender** *(someone who has previously been convicted of a crime)*
- Homeless Individual** *(an individual without permanent housing who may live on the streets; stay in a shelter, mission, motel, single room occupancy facilities, abandoned building, or vehicle; or in any other unstable or non-permanent situation)*
- Homeless Children and Youth** *(individuals who lack a fixed, regular, and adequate nighttime residence; and includes – (1) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason)*
- Runaway Youth** *(an individual who is less than 18 years of age and who absents himself or herself from home or a place of legal residence without the permission of a parent or legal guardian)*
- Foster Care Youth** *(a minor who has been placed into a ward, group home, or private home of a state certified caregiver)*
- English Language Learner** *(students who are unable to communicate fluently or learn effectively in English, who often come from non-English-speaking homes and backgrounds, and who typically require specialized or modified instruction in both the English language and in their academic courses)*
- Low Levels of Literacy** *(an inability to read or write well enough to perform necessary tasks in society or on the job)*
- Cultural Barriers** *(a rule or expectation in any culture that prevents or impedes someone, from outside of that culture, from being included or participating equally. Two of the most common cultural barriers are language and religion.)*
- Migrant and Seasonal Farm Worker Status** *(an individual who is required to be absent from a permanent place of residence for the purpose of seeking remunerated employment in agricultural work)*
- Exhausting TANF within 2 years** *(denied Temporary Assistance for Needy Families aid even if the individual is eligible)*
- Single Parent** *(a person bringing up a child or children without a partner)*
- Long-Term Unemployment** *(unemployed workers that includes those who have been unemployed more than 6 months)*

**ETHNICITY:** Please check all that apply:

White (non Hispanic)

Black or African American

American Indian

Hispanic

Asian

Filipino

Native Alaskan

Pacific Islander

Other (*Please specify*):

\_\_\_\_\_

**LANGUAGE SPOKEN AT HOME:** (*Please check all that apply*)

English       Spanish

Chinese       Farsi

Tagalog       Korean

Russian

Vietnamese

Hmong

Cambodian

Lao

Other (*Please specify*)

\_\_\_\_\_

**LABOR FORCE:** (*Please check all that apply*)

Employed

Unemployed

Retired

Full Time Student

Not employed and not seeking employment

**STUDENT GOALS:** Please select to of the following goals in the order of which you believe you can obtain within this school year. Mark the number “1” by the goal you believe you will obtain first, and the number “2” by the goal you believe you will reach second. Remember, these goals are to be obtained during this school year.

- |   |   |
|---|---|
| _____ Improve Academic Skills                             | _____ Pass the HiSET                      |
| _____ Get a job   | _____ Keep a job                          |
| _____ Improve my English skills                           | _____ Obtain a Family Goal                |
| _____ Enter a branch of the military                      | _____ Become a United States Citizen      |
| _____ Obtain a Personal Goal                              | _____ Enter a college or training program |
| _____ Make progress toward getting my high school diploma |   |
| _____ Earn my high school diploma (Seniors only)          |   |
| _____ Other ( <i>Please specify</i> ) _____               |   |

**COUNTRY OF ORIGIN:**

In what country were you born? \_\_\_\_\_

**EDUCATION**

1. How many years have you attended school? \_\_\_\_\_
2. Was the majority of your education conducted outside the United States?  YES  NO
3. Do/did you attend school at Beaumont Unified School District?  YES  NO
4. If so, what was the name of the last school you attended? \_\_\_\_\_
5. Did you graduate high school?  YES  NO
6. Did you earn a High School Diploma?  YES  NO
7. If so, from what high school did you graduate? \_\_\_\_\_
8. Did you earn a GED/HiSET Certificate?  YES  NO
9. Did you earn a Technical Certificate?  YES  NO
10. Have you attended some college?  YES  NO
11. Did you earn your Associate Degree?  YES  NO
12. Did you earn a four year college degree?  YES  NO
13. Have you completed your graduate studies?  YES  NO
14. Have you earned a degree other than what was mentioned above?  YES  NO
15. If so, what kind of degree have you earned? \_\_\_\_\_
16. Did you earn your certificate/degree outside of the United States?  YES  NO
17. Do you currently have children attending K-12?  YES  NO
18. If so, how many of your children are attending K-12? \_\_\_\_\_
19. Are your children attending school in Beaumont Unified School District?  YES  NO

## ADDITIONAL DEFINITIONS

**AFDC:** Aid to Families with Dependent Children Program.

**General Assistance:** (also known as General Relief) is a term used in the United States to de-note welfare programs that benefit adults without dependents (single persons, or less commonly, childless married couples)

**CalWORKs** (California Work Opportunities and Responsibility to Kids) is a welfare program that gives cash aid and services to eligible needy California families.

**Dislocated Worker:** He or she has been laid off or received a lay-off notice from his/her job. He or she is receiving unemployment benefits due to being laid off or losing a job and he or she is unlikely to return to a previous occupation. He or she is self-employed but is unemployed due to economic conditions or natural disaster.

**GAIN:** a program that provides employment-related services to CalWORKs participants to help them find employment, stay employed, and move on to higher paying jobs, which will ultimately lead to self-sufficiency and independence.

**TANF:** In 1996, the Temporary Assistance for Needy Families (TANF) program succeeded the Aid to Families with Dependent Children Program (AFDC) program, as part of federal welfare reform.

**WIOA:** Workforce Innovation and Opportunity Act (WIOA) WIOA is designed to help job seekers access employment, education, training, and support services to succeed in the labor market and to match employers with the skilled workers they need to compete in the global economy.

**WIC:** The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides Federal grants to States for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.

## PHOTO USE RELEASE

I, \_\_\_\_\_, hereby grants Beaumont Adult School permission to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or videos taken of me to be used in and/or for legally promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration. This authorization extends to all languages, media formats, and markets now known or hereafter devised. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing.

I understand and agree that these materials shall become the property of Beaumont Adult School and will not be returned.

I hereby hold harmless, and release Beaumont Adult School from all liability, petitions, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

---

---

## SIGNATORY

The undersigned attests that the information contained in this application is accurate and complete and understands that by providing this information they are helping Beaumont Adult School to obtain additional funding for the program which he/she is enrolling. The undersigned further attests that he/she has received a copy of the School Policies.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

# School Policies

## Attendance Requirements

General Education students will be dropped from the program after missing two consecutive weeks of class time in a session. Concurrent students must attend a total of fifty (50) hours of class during a semester and will be dropped after fourteen (14) hours of missed attendance.

## Behavior Requirement

We believe all people should be treated with dignity and respect and expect students and staff to act accordingly.

The following are prohibited on campus: Weapons, drugs, alcohol, smoking/vaping and loitering. Sexual or racial harassment is prohibited and will not be tolerated.

We believe all students can and should learn and it is our responsibility to provide appropriate opportunities to facilitate that learning. Therefore, instructors are expected to maintain an educational environment in the classroom. In order to do so, classrooms are to promote educational learning and are to be free of any disruptive behavior, such as excessive talking or moving about the classroom outside of instructor directed activities.

No food or drinks are allowed in the classroom.

## Breaks

State funded classes are not allowed to schedule regular breaks due to state regulations. Fee based classes may schedule breaks at the instructor's discretion.

## Concurrent Students

Students enrolling in high school must provide a **Referral Form for Concurrent High School Enrollment** including parent, student and counselor signatures and complete a **Student Registration Form** prior to enrollment.

Concurrent students are not eligible for Independent Study. See the **Credits** section on this page for additional information specific to concurrent students.

## Class Size

Most classes have a thirteen student minimum and will be cancelled if that is not met. In addition, classes will be filled on a first come - first serve basis until the posted maximum is reached.

## Community Interest Classes

If you are interested in a class being taught or you have a skill you wish to teach, please contact the Adult Education Office and complete a class proposal form. These classes are not state funded but rather are paid for by the fees generated at enrollment. Instructors are not required to

hold credentials. The school district facilitates community service classes for the benefit of the community, but all instruction given is based upon the experience of the instructor and not state or district approved curriculum.

## Credits

Credit for High School subjects is given after the following:

- 1) All work for the course is completed to the satisfaction of the instructor.
- 2) Ten (10) hours of class time (except Independent Study) per credit earned.
- 3) Concurrent students are required to attend 50 hours (for each 5 credits) per session. The High School Requirement Instructor must approve other arrangements.

## Dress Code

Clothing shall be modest, safe, and appropriate for school. Instructors may establish specific requirements.

## Enrollment

Student may enroll at:

BEAUMONT ADULT SCHOOL  
1575 Cherry Avenue  
Beaumont, California 92223  
(951) 845-6012

## Enrollment Deadline

Open entry/open exit classes: Application for enrollment is accepted until the final four weeks of classes.

Vocational Classes: Application deadlines are base on individual course enrollment as posted on the website and fliers. [www.bas-beaumont-ca.schoolloop.com](http://www.bas-beaumont-ca.schoolloop.com)

## Office Hours

Monday, Wednesday, Thursday: 8:00 a.m. – 5:30 p.m.  
Tuesday: 8:00 a.m. – 4:00 p.m.  
Friday: 8:00 a.m. – 2:00 p.m.

\*Summer Hours are subject to change

## Payments

Payments can be made at the Beaumont Adult School Office during office hours. Payments may be paid in person, by cash, check or money order.

## State Funded Classes

The State of California reimburses the school district for conducting these classes. All reimbursements are subject to actual hours of student attendance and approval of the course and curriculum by the local school board and state board of education.

**FAILURE TO FOLLOW THE SCHOOL POLICIES MAY RESULT IN THE INSTRUCTOR DROPPING THE STUDENT FROM THE CLASS.**

*Medical students will adhere to program specific school policies as outlined in course related handbooks.*



**Applicant Questionnaire**  
**Vocational Nursing Program**

**Please Print**

**Name** \_\_\_\_\_  
                                  **(First)**                                  **(MI)**                                  **(Last)**

**Address**  
\_\_\_\_\_  
                                  **(Street)**  **(City)**                  **(State)**   **(Zip)**

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

The following Information is needed by PEDS (Federal and State annual reports) and is used ONLY for that purpose. This information is not shared. Your assistance is greatly appreciated.

Ethnicity: \_\_\_\_\_ Age \_\_\_\_\_  
Sex \_\_\_\_\_ Number of years college \_\_\_\_\_

I found out about this class in the following way:

- School Brochure
- Announcement sent to my child
- Record Gazette Ad
- Billboard
- Online search
- Beaumont Adult School student or former student
- Other \_\_\_\_\_

**General Information**

Special interests and hobbies  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to be a nurse?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education**

	Name and Location	Years Attended	Graduated Y/N	Subject(s) Studied
High School				
College				
Trade/Business School				

**Employers**

(Completion required – please provide a ten-year history if possible)

<b><u>From</u> Mo./Yr.</b>	<b><u>To</u> Mo./Yr.</b>	<b>Name and Address</b>	<b>Position</b>	<b>Reason for Leaving</b>

The information I have provided on this form is true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Beaumont Adult School**  
**1575 Cherry Avenue, Beaumont, CA 92220**

**Criminal Background – Applicant Information**

At the completion of the Vocational Nursing Program, students are fingerprinted and checked by both the FBI and the DOJ as part of their application to the State Nursing Board. If an applicant has questions or concerns regarding the content of his/her criminal background and how it may affect their application status, the applicant is urged to contact the State Board of Vocational Nursing and Psychiatric Technician prior to applying to the Beaumont Adult School Vocational Nursing Program. Beaumont Adult School does not provide these services. It is the applicant's responsibility to ensure he/she is eligible to apply for State testing/licensing.

A "yes" answer to any of the questions below may result in denial of a VN application by the State Board of Vocational Nursing and Psychiatric Technicians. It is recommended that you contact the State Board (address and phone number below) to identify the possibility of denial and to identify appropriate paperwork necessary for the end of program application process.

Have you ever been convicted of a crime?                      Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime as                      Yes \_\_\_\_\_ No \_\_\_\_\_  
a juvenile and tried as an adult?

Do you have any military convictions                                      Yes \_\_\_\_\_ No \_\_\_\_\_  
or been dishonorably discharged?

Have you ever had a fine of \$1,000 or more?                      Yes \_\_\_\_\_ No \_\_\_\_\_  
This includes traffic violation of any kind.

Have you ever had a DUI?    Yes \_\_\_\_\_ No \_\_\_\_\_

Board of Vocational Nursing and Psychiatric Technicians  
2535 Capitol Oaks Drive, Suite 205  
Sacramento, CA 95833-2945  
Telephone: (916) 263-7800    FAX: (916) 263-7855  
<http://www.bvnpt.ca.gov>



*Beaumont Adult School  
Vocational Nursing Program*

*Vocational Nursing Program Costs*

<i>Program Fees:</i>	<i>\$22,718.00</i>
<i>Books and other expenses up to:</i>	<i>3,782.00</i>
<i>Total</i>	<i>\$ 26,500.00</i>

*Financial Aid is available for those who qualify*

*Tuition cost is added to website: <http://bas-beaumont-ca.schoolloop.com/VN> and to handbook*