



Registration Form

Please neatly *PRINT* the following information:

1. Name: _____
W10 _____

2. My local (in the U.S.) address is:

City: _____, California

Zip Code: _____

3. Local Phone # (Residence) _____

Cell Phone (if any) _____

E-mail *(U.S. based) _____

**we use e-mail as our primary way of contacting you*

4. Emergency Contact: (local person in United States preferred, if available)

Name: _____

Relationship to you: _____

Phone Number: _____

5. What is your **main** educational objective in attending Las Positas College (*check only one please*)

transfer to a University (earn a Bachelor degree)

earn an Associate degree (2 year degree)

study ESL

other (please explain) _____

6. How did you **first** hear about Las Positas College?

friend/relative recommended it to me

internet

College Week Live

Hotcourses

other (please explain) _____

For Staff Use Only

Registered in Banner _____

Registered in SEVIS _____