



## Registration Form

Please neatly *PRINT* the following information:

1. Name: \_\_\_\_\_

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

\_\_\_\_\_

City: \_\_\_\_\_, California

Zip Code: \_\_\_\_\_

3. Local Phone # (Residence) \_\_\_\_\_

Cell Phone (if any) \_\_\_\_\_

E-mail \*: \_\_\_\_\_

*\*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?

\_\_\_\_\_

*For Staff Use Only*

Registered in Banner \_\_\_\_\_

Registered in SEVIS \_\_\_\_\_