



Please Print with Dark Ink & Fill out Completely

Berkeley Unified School District, Berkeley Adult School  
1701 San Pablo Ave., Berkeley, CA 94702 (510) 644-6130  
**Fee-Based Student Information Form**

**Office Use Only**

Grant status    Y     N

Date  
[ ] / [ ] / [ ]  
Month/Day/Year

[ ]  
Student ID Number

[ ]  
Last Name

[ ]  
First Name

[ ]  
Middle Name

Month / Day / Year  
[ ] / [ ] / [ ]  
Birth Date

[ ]  
Street Address

[ ]  
City

[ ]  
State

[ ]  
ZIP

[ ] / [ ] / [ ]  
Home Phone

[ ] / [ ] / [ ]  
Work Phone

[ ] / [ ] / [ ]  
Cell Phone

[ ] @ [ ]  
Email

Emergency contact Information:

[ ]  
First Name

[ ]  
Last Name

[ ]  
Relationship

[ ] / [ ] / [ ]  
Phone

Section Code	Course Title	Instructor	Room	Time	Day
- -					
- -					
- -					
- -					

**For Office Use Only**

Fall \_\_\_\_\_ Spring \_\_\_\_\_  
Summer \_\_\_\_\_ Year Round \_\_\_\_\_

Check Number \_\_\_\_\_ Credit Card \_\_\_\_\_  
Cash \_\_\_\_\_ No Fee \_\_\_\_\_  
Amount Paid \_\_\_\_\_

Registrar \_\_\_\_\_

No Fee Approval \_\_\_\_\_