



1088 College Avenue
St. Helena, California 94574

Office # (707) 967-2900
Fax # (707) 967-2909

Name _____
Last First MI Other Name Used

Mailing Address _____
Number & Street City State Zip

Phone (____) ____-____ Work (____) ____-____ Cell (____) ____-____

Male _____ Female _____ Date of Birth ____/____/____ Email: _____

Student ID#: _____ TERM: ___ Spring ___ Summer ___ Fall 20____

Have you lived continuously in California for ONE YEAR prior to the first day of classes? Yes No Date Moved to California _____
If no, will you be living in California during the period of attendance in the class(es) you are enrolling in today? Yes No

To assist the college in complying with federal and state requirements and to provide needed services, you are urged to supply the following voluntary information. This information is confidential and will not affect your admission status

Ethnicity: Are you of Hispanic or Latino ethnicity? No Yes (If yes, check one or more) South American
 Mexican, Mexican / American, Chicano Hispanic: other
 Central American

Citizenship:
 U.S. Citizen Student Visa (F1 or M1)
 Permanent Resident Other Visa
 Temporary Resident/Amnesty Unknown
 Refugee / Asylee

What is your race? (Check one or more)
 White Indian Chinese Guamanian
 Black or African American Cambodian Japanese Hawaiian
 American Indian / Alaska Native Vietnamese Filipino Samoan
 Korean Laotian

Education Goal:
 Personal interest Prepare for a new career
 Improve basic skills / ESL Advance a current job / career
 Move from non-credit to credit coursework Maintain a certificate or license
 Earn a vocational certificate Complete high school / GED credits
 Discover/formulate career interest, plans, goals Undecided

Highest Level of Education:
 Not a high school graduate and not currently enrolled in high school Certificate of high school proficiency
 Currently enrolled grade K-12 Associate Degree (AA/AS)
 Currently enrolled in adult school Bachelor's Degree (BA/BS) or higher
 High school diploma / GED Unknown

What is your primary language? _____

| Registration # | Class Name | Start Date/Time | Location | Fees (if any) |
|----------------|------------|-----------------|----------|---------------|
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Payment Information

Total Fees: \$ _____

Cash Check – Payable to Napa Valley College MasterCard Visa MasterCard Visa

Credit Card Number _____ Expiration Date _____ (3-digit code) _____

Authorized Signature _____ Card Holder _____