



**NORTH KERN VOCATIONAL TRAINING CENTER  
2016-2017 ADULT STUDENT ENROLLMENT FORM**

**STUDENT INFORMATION**

Last Name:		First Name:		MI:
Date of birth: ____ / ____ / ____	SSN: _____ - _____ - _____	Phone: _____ - _____ - _____		
Current address:				
City:	State:	ZIP Code:		

**EMERGENCY CONTACT**

Name:	Relationship:	Phone: _____ - _____ - _____
Address:		
City:	State:	ZIP Code:
Name of a relative not residing with you:		Phone: _____ - _____ - _____

**PROGRAM INFORMATION**

Program:	Program Start Date:	Program End Date:
Location:	Instructor:	
Have you ever attended an ROC class?      Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you presently enrolled in high school?      Yes <input type="checkbox"/> No <input type="checkbox"/>		

**AUTHORIZATION CONSENTING MEDICAL TREATMENT**

I, \_\_\_\_\_, do hereby authorize the North Kern Vocational Training Center as agent for the undersigned to consent to any x-ray examination, anesthetic, a medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital. It is understood that the authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent to give specific consent the exercise of his best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

**I have read the above paragraph. My signature indicates my approval to participate in this program and authorize medical treatment.**

Student Signature:	Date:
--------------------	-------

**INFORMATIONAL ONLY**

Ethnic Survey: Required by Federal and State Department of Education

<input type="radio"/> White Non-Hispanic	<input type="radio"/> African-American	<input type="radio"/> Asian or Pacific Islander
<input type="radio"/> Hispanic-Latino	<input type="radio"/> Filipino	<input type="radio"/> American Indian/Alaskan Native