



# WATSONVILLE/APTOS/SANTA CRUZ ADULT EDUCATION

Green Valley Center  
294 Green Valley Road  
Watsonville, CA 95076  
(831)786-2160

Santa Cruz Center  
319 La Fonda Avenue  
Santa Cruz, CA 95062  
(831) 429-3966



## Student Release Form

Approval is granted for this student to attend Watsonville/Aptos/Santa Cruz Adult Education Program as indicated:

Today's Date: \_\_\_\_\_ Email Address (Required) \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

From:  AHS  DTI  HHS  PCCS  PVH  REN  SCHS  SHS  WHS  New School

Other: \_\_\_\_\_

Grade (circle one) 9 10 11 12

Student receives services from:  SELPA/Special Education  Migrant Education  Other

FULL-TIME TRANSFER (Please send transcript. Please do not send cumulative folder.)

Reason for Transfer: \_\_\_\_\_  
\_\_\_\_\_

CONCURRENT ENROLLMENT: Students must 16 or older. (Maximum: 10 credits per semester)

Course: \_\_\_\_\_ Credit Needed: \_\_\_\_\_

Course: \_\_\_\_\_ Credit Needed: \_\_\_\_\_

DISCLAIMER: Parents of concurrent students (including 18 year olds) have the right to information regarding students' progress while enrolled in Watsonville/Aptos/Santa Cruz Adult Education.

## SIGNATURES

All parties signing understand and approve this action:

\_\_\_\_\_  
Certificated High School Representative Signature and Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature and Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature and Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Education Administrator

\_\_\_\_\_  
Date

Distribution:  White-Adult Education Office  Yellow & Pink - Adult Ed Registrar/Instructor