



- SUMMER
 FALL/WINTER
 SPRING

APPLICATION FOR ADMISSION

READ CAREFULLY. WRITE CLEARLY WITH BLUE OR BLACK INK. PLEASE SIGN APPLICATION.

1 SOCIAL SECURITY NUMBER (optional)	2 PLACE OF BIRTH	3 BIRTHDATE	4 GENDER																								
5 LAST NAME		6 FIRST NAME																									
MIDDLE																											
6 ETHNIC BACKGROUND (INDICATE NUMBER IN BOX)																											
<table style="width:100%; font-size: small;"> <tr> <td><input type="checkbox"/> 10. White, Non-Hispanic</td> <td><input type="checkbox"/> 24. Laotian</td> <td><input type="checkbox"/> 28. Other Asian</td> <td><input type="checkbox"/> 43. South American</td> <td><input type="checkbox"/> 62. Hawaiian</td> <td><input type="checkbox"/> 80. Other, Non White</td> </tr> <tr> <td><input type="checkbox"/> 21. Chinese</td> <td><input type="checkbox"/> 25. Cambodian</td> <td><input type="checkbox"/> 30. Black, Non-Hispanic</td> <td><input type="checkbox"/> 44. Other Hispanic</td> <td><input type="checkbox"/> 63. Samoan</td> <td><input type="checkbox"/> 99. Decline to State</td> </tr> <tr> <td><input type="checkbox"/> 22. Japanese</td> <td><input type="checkbox"/> 26. Vietnamese</td> <td><input type="checkbox"/> 41. Mexican</td> <td><input type="checkbox"/> 50. American Indian, Alaskan</td> <td><input type="checkbox"/> 64. Other Pacific Islander</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 23. Korean</td> <td><input type="checkbox"/> 27. Indian Subcontinent</td> <td><input type="checkbox"/> 42. Central America</td> <td><input type="checkbox"/> 61. Guamanian</td> <td><input type="checkbox"/> 70. Filipino</td> <td></td> </tr> </table>				<input type="checkbox"/> 10. White, Non-Hispanic	<input type="checkbox"/> 24. Laotian	<input type="checkbox"/> 28. Other Asian	<input type="checkbox"/> 43. South American	<input type="checkbox"/> 62. Hawaiian	<input type="checkbox"/> 80. Other, Non White	<input type="checkbox"/> 21. Chinese	<input type="checkbox"/> 25. Cambodian	<input type="checkbox"/> 30. Black, Non-Hispanic	<input type="checkbox"/> 44. Other Hispanic	<input type="checkbox"/> 63. Samoan	<input type="checkbox"/> 99. Decline to State	<input type="checkbox"/> 22. Japanese	<input type="checkbox"/> 26. Vietnamese	<input type="checkbox"/> 41. Mexican	<input type="checkbox"/> 50. American Indian, Alaskan	<input type="checkbox"/> 64. Other Pacific Islander		<input type="checkbox"/> 23. Korean	<input type="checkbox"/> 27. Indian Subcontinent	<input type="checkbox"/> 42. Central America	<input type="checkbox"/> 61. Guamanian	<input type="checkbox"/> 70. Filipino	
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7 EMAIL ADDRESS (IF ANY)																											
HOME ADDRESS (DO NOT USE BUSINESS ADDRESS)																											
8 NUMBER AND STREET			DAYTIME PHONE																								
CITY	STATE	ZIP CODE	EVENING PHONE																								
RESIDENCY AND CITIZENSHIP																											
9 IS ENGLISH YOUR PRIMARY LANGUAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		10 ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO																									
COMPLETE THE FOLLOWING SECTION IF NOT A U.S. CITIZEN																											
11 RESIDENT STATUS (INDICATE NUMBER IN BOX)		DATE OF ISSUE OF VISA																									
<input type="checkbox"/> 2. Permanent Resident (INS # _____) <input type="checkbox"/> 3. Temporary Resident (INS # _____) <input type="checkbox"/> 4. Amnesty		<input type="checkbox"/> 5. Refugee/Asylee <input type="checkbox"/> 6. Student Visa Status (F-1 or M-1) <input type="checkbox"/> 7. Other Status (Specify _____)																									
COUNTRY OF CITIZENSHIP		PORT OF ENTRY	VISA EXPIRATION DATE																								
12 HAVE YOU LIVED IN CALIFORNIA FOR MORE THAN TWO YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO		13 DATE CURRENT STAY IN CALIFORNIA BEGAN																									
COMPLETE THE FOLLOWING SECTION IF YOU HAVE NOT LIVED IN CALIFORNIA FOR MORE THAN TWO YEARS																											
14 DO YOU INTEND FOR CA. TO BE YOUR PERM. RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		15 DID YOU FILE CA. INCOME TAX LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	16 HAVE YOU PETITIONED FOR DIVORCE IN ANOTHER STATE IN THE LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO																								
17 HAVE YOU ATTENDED AN OUT-OF-STATE COLLEGE OR UNIVERSITY IN THE LAST YEAR AS A RESIDENT OF THAT STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO																											
18 DRIVER'S LICENSE OR I.D. STATE		DATE ISSUED	VEHICLE REGIST. STATE																								
			DATE ISSUED																								
VOTER REGIST. STATE		DATE ISSUED																									
19 LIST STATES YOU HAVE LIVED IN THE PAST TWO YEARS		FROM	TO																								
		FROM	TO																								
EDUCATION																											
20 HIGHEST EDUCATIONAL LEVEL COMPLETED (INDICATE NUMBER IN BOX)		YEAR AWARDED																									
<input type="checkbox"/>		<input type="text"/>																									
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21 EDUCATIONAL GOAL (INDICATE NUMBER IN BOX)																											
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22 LAST HIGH SCHOOL ATTENDED		CITY, COUNTY AND/OR STATE	YEAR																								
23 LAST COLLEGE ATTENDED		CITY, COUNTY AND/OR STATE	YEAR																								
24 WHAT IS YOUR COLLEGE MAJOR?																											
25 HOW MANY HOURS DO YOU PLAN TO WORK PER WEEK?		26 ARE YOU A VETERAN OF THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO																									
27 CAN WE RELEASE PERSONAL INFORMATION WITHOUT YOUR CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO																											

TO BE SIGNED BY ALL APPLICANTS

I declare under penalty of perjury that the statements and information submitted in this admissions application are true and correct. I understand that all materials submitted by me for purposes of admission become the property of the South Bay Regional Public Safety Training Consortium. I also understand that falsification, withholding pertinent data or failure to report changes in residency or education status may result in my dismissal. Finally, in registering for future terms, I agree to provide true and correct information about any change in my educational status.

STUDENT SIGNATURE	DATE
<input type="text"/>	<input type="text"/>



College Registration Attestation and Signature Form

Thank you for choosing South Bay Regional Public Safety Training Consortium. South Bay Regional is a Joint Powers Authority between the following California Community Colleges:

- *Cabrillo College*
- *College of San Mateo*
- *Foothill College*
- *Gavilan College*
- *Hartnell College*
- *Lake Tahoe Community College*
- *Ohlone College*
- *Mission College*
- *Monterey Peninsula College*

By completing the college registration form and signing this attestation, you authorize South Bay Regional to enroll you in the course at any of our Member Colleges. Upon successful completion of the course, you will receive college credit, which will be posted to an official college transcript.

You will be advised if the course is registered at a college different from the attached registration form.

If you need an official transcript, make your request to the college of registration. South Bay Regional can supply you with an “unofficial” transcript listing any/all courses upon request and corresponding colleges of enrollment.

=====

Print Name: _____ **DOB:** _____

Attestation/Signature:

I declare under penalty of perjury that the statements and information submitted by me in connection with this application and for the determination of residency are true and correct. All Materials submitted by me for the purpose of admission become the property of South Bay Regional and its Member Colleges. I understand that falsification, withholding pertinent data, or failure to report changes in residence may result in my dismissal from the College.

Student Signature

Date