



- checkbox SUMMER
checkbox FALL/WINTER
checkbox 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 FIRST NAME MIDDLE

6 ETHNIC BACKGROUND (INDICATE NUMBER IN BOX) 10. White, Non-Hispanic 21. Chinese 22. Japanese 23. Korean 24. Laotian 25. Cambodian 26. Vietnamese 27. Indian Subcontinent 28. Other Asian 30. Black, Non-Hispanic 41. Mexican 42. Central America 43. South American 44. Other Hispanic 50. American Indian, Alaskan 61. Guamanian 62. Hawaiian 63. Samoan 64. Other Pacific Islander 70. Filipino 80. Other, Non White 99. Decline to State

7 EMAIL ADDRESS (IF ANY)

ADDRESS

8 NUMBER AND STREET DAYTIME PHONE

CITY STATE ZIP CODE EVENING PHONE

RESIDENCY AND CITIZENSHIP

9 IS ENGLISH YOUR PRIMARY LANGUAGE? 10 ARE YOU A U.S. CITIZEN?

COMPLETE THE FOLLOWING SECTION IF NOT A U.S. CITIZEN

11 RESIDENT STATUS (INDICATE NUMBER IN BOX) 2. Permanent Resident (INS # ) 3. Temporary Resident (INS # ) 4. Amnesty 5. Refugee/Asylee 6. Student Visa Status (F-1 or M-1) 7. Other Status (Specify ) DATE OF ISSUE OF VISA

COUNTRY OF CITIZENSHIP PORT OF ENTRY VISA EXPIRATION DATE

12 HAVE YOU LIVED IN CALIFORNIA FOR MORE THAN TWO YEARS? 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? 15 DID YOU FILE CA. INCOME TAX LAST YEAR? 16 HAVE YOU PETITIONED FOR DIVORCE IN ANOTHER STATE IN THE LAST YEAR?

17 HAVE YOU ATTENDED AN OUT-OF-STATE COLLEGE OR UNIVERSITY IN THE LAST YEAR AS A RESIDENT OF THAT STATE?

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

EDUCATION

20 HIGHEST EDUCATIONAL LEVEL COMPLETED (INDICATE NUMBER IN BOX) YEAR AWARDED 1. Not a graduate of High School 2. Received High School Diploma 3. GED or Cert. of Equivalency 4. Cert. of High School Proficiency 5. Foreign High School Graduate 6. Received Associate Degree 7. Received Baccalaureate Degree 8. Higher Degree

21 EDUCATIONAL GOAL (INDICATE NUMBER IN BOX) 1. Personal Interest 2. Transfer to College w/ Associate Deg. 3. Transfer to College w/o Associate Deg. 4. Obtain an Associate Degree 5. Vocational Certificate 6. Discover career interests 7. Prepare for a new career 8. Advance in current career 9. Maintain certificate/license 10. Educational development 11. Improve English, reading, math 12. Complete credits for high school

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?

27 CAN WE RELEASE PERSONAL INFORMATION WITHOUT YOUR CONSENT?

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