

1. Student Identification Number
 Leave blank unless you have previously been assigned a Student Identification Number

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The social security number will no longer be used as primary student identifier for students per Civil Code 1798.85. Student Information System (SIS) will generate an identification number for each student who is new to LACCD. Leave blank if you have not been assigned a SID by the district.

3. Legal Name

Last _____ First _____ Middle Initial _____

List other names you have used. If none, check box:

Last _____ First _____ Middle Initial _____

5. Alternate Identification Number

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If you are a returning student and have been previously assigned an Alternate Identification Number by the district, please complete. Otherwise leave blank.

2. Social Security Number

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Students are required by law to provide their Social Security Number, which will be used for reporting to the federal government under the Taxpayer Relief Act of 1997 and for financial aid verification. If you do not have a Social Security number, or if you do not wish to use it, please leave blank.

4. Legal Address/Residence (Do not use P.O. Box or Business Address)

Number _____ Street _____ Apt. No. _____

City _____ State _____ Zip Code _____

I have lived at this address since: _____

Month _____ Day _____ Year _____

6. This Application is for

Fall Winter Spring Summer

Year _____

7. Gender

Female Male

8. Birth Date _____ **Age** _____

Month _____ Day _____ Year _____

9. If you have lived at your present address fewer than two years, list previous address(es)

Number/Street/Apt. No. _____ City/State _____ FROM: Mo/Yr _____ TO: Mo/Yr _____

Number/Street/Apt. No. _____ City/State _____ FROM: Mo/Yr _____ TO: Mo/Yr _____

13. Contact Information

E-mail: _____

Primary Telephone: (_____) _____

Area Code _____ Number _____

10. Mailing Address (if different from Legal Address given above)

Number/Street/Apt. No. _____ City/State _____ Zip Code _____

14. Place of Birth

City _____ State or Foreign Country _____

11. My present stay in California began on:

Month _____ Day _____ Year _____

Are any of the following on active military duty? (Please check all that apply)

Yourself Spouse Parents

15. Full name of the most recent High School you attended

Name of High School _____

City _____ State or Foreign Country _____

12. The questions below must be answered by every applicant.
 At any time in the past two years have you:
 (If you are under 19, answer for your parents)

- Registered to vote in a state other than California?..... Yes No If yes, what year? _____
- Filed a legal action in a state other than California?..... Yes No If yes, what year? _____
- Attended a non-California college/university as a resident of that state?.. Yes No If yes, what year? _____
- Filed as a Non-Resident for California State Income Tax Purposes?..... Yes No If yes, what year? _____

16. Last College attended. If none, check box:

Name of College _____ Dates Attended _____

City/State/Foreign Country _____ Degree Awarded _____

17. I am a citizen of _____

Country _____

The LACCD consists of the following colleges. Please check ONE school.

City East Harbor Mission Pierce

Southwest Trade Tech Valley West LA ITV

18. If you are not a United States Citizen, please circle and complete:

2. Permanent Resident Alien _____ Permanent Resident or Visa Number _____

3. Temporary Resident Alien _____

4. Refugee, Asylee _____

5. Student Visa (F-1 or M-1 visa) _____ Issue/Adjustment Date _____

6. Other (Specify): _____

7. Visitor Visa (B-1 or B-2 visa) _____

OFFICE USE ONLY

Residence	Date Processed	A&R Assistant	Student Last Name
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19. Complete this question only if you are under 19 and have never been married.

Name of Parent or Legal Guardian: _____
 Relationship to you: Father Mother Legal Guardian Other _____
 Is the person a: U.S. Citizen Permanent Resident Alien Other _____
 If a Permanent Resident Alien, enter "A-Number" and date of issue: _____
 Current residence of this person: _____ From: _____ To: PRESENT
 State Month/Year

20. Ethnic Identity (*)

If you are Hispanic or Latino, please enter letter in box

A = Mexican, Mexican/American, Chicano C = South American
 B = Central American D = Hispanic, Other

If not Hispanic or Latino, please check all that apply

E Asian Indian K Asian Vietnamese Q Pacific Islander Hawaiian
 F Asian Chinese L Filipino R Pacific Islander Samoan
 G Asian Japanese M Asian Other S Pacific Islander Other
 H Asian Korean O American Indian, Alaskan/ Native T Caucasian, White
 I Asian Laotian P Pacific Islander Guamanian U Black, African/American
 J Asian Cambodian

21. What is your primary language? (*) Please enter one number in box

1 = English 5 = Filipino
 2 = Armenian 6 = Japanese
 3 = Chinese 7 = Korean 10 = Vietnamese
 4 = Farsi 8 = Russian 11 = Other language _____

22. What is your main educational goal? Please enter one number in box

1 = Prepare for a new career (acquire new job skills)
 2 = Advance in current job/career (update job skills)
 3 = Discover/develop career interests, plans and goals
 4 = Obtain a two-year vocational degree without transfer
 5 = Obtain a two-year Associate degree without transfer
 6 = Obtain a vocational certificate without transfer
 7 = Obtain a Bachelor's degree after completing an Associate's degree
 8 = Obtain a Bachelor's degree without completing an Associate's degree
 9 = Maintain certificate or license (e.g. Nursing, Real Estate)
 10 = Improve basic skills in English, reading or math
 11 = Complete credits for high school diploma or GED
 12 = Personal development (intellectual, cultural)
 13 = Undecided on goal
 14 = To move from noncredit coursework to credit coursework
 15 = Complete 4 year college requirements

23. Special Services (*)

The Los Angeles Community College District is committed to increasing your educational success. Each area listed below provide special services. Please indicate those services that interest you

1 Financial Aid 6 Information regarding special services and/or accommodations for students with disabilities may be obtained from the Disabled Student Programs (DSPS) Office.
 2 Child Care
 3 Tutoring 7 Are you from a low income family and in need of special counseling, tutoring, and/or financial aid assistance? Yes No
 4 Transfer Assistance
 5 Employment Assistance 8 I am a former or current foster youth and am interested in financial aid and/or other benefits & services available to foster youth.

* Responses to questions marked by this symbol will be used to provide you with information on college programs and services and/or for statistical purposes only. Refusal to provide this information will not be used to deny admission to the college or any of its programs. If additional information is needed to determine your residence status you will be required to complete a supplemental residence questionnaire and/or to present evidence in accordance with Education Code sections 68040 et seq. The burden of proof to clearly demonstrate both physical presence in California and intent to establish California residence lies with the student.

24. Highest Education Status: Please enter number and year in boxes below

1 = Earned a U.S. High School diploma (or will earn one before college semester begins)
 2 = Enrolled in grade 12 or below when college semester begins
 3 = Not a High School graduate, currently enrolled in adult school
 4 = Not a High School graduate, last attended High School
 5 = Passed the GED or received a certificate of H.S. equivalency
 6 = Earned California High School Proficiency Certificate
 7 = Earned a Foreign Secondary diploma or certificate of graduation
 8 = Earned an Associate degree
 9 = Earned a Bachelor's or higher degree

Number
 Year

25. Enrollment Status: Please enter number in box

1 = First time college student
 2 = First time at this college, after attending another college
 3 = Returning to this college, after attending another college
 4 = Returning to this college, without having attended another college
 5 = Enrolling in this college, while attending school in the 12th or lower grade

26. College Units or degree completed by first day of this term

Please enter number in box

1 = 0 units 4 = 30 to 59 ½
 2 = 1 ½ to 15 ½ 5 = 60 or more units, no degree
 3 = 16 to 29 ½ 6 = A.A., A.S., B.A., B.S. or higher degree

27. Veteran (Leave blank, unless you are a veteran)

Were you honorably discharged from the U.S. Armed Forces? Yes No
 If Yes, date you were discharged: Month _____ Day _____ Year _____

28. Student Information -- Permission to Release

TYPES OF STUDENT INFORMATION: According to the Los Angeles Community College District (1) *Directory Information:* Includes your name; city of residence; participation in officially recognized activities and sports; weight and height of athletic team members; dates of attendance; degrees and awards received; and the most recent previous educational institution attended. (2) *College Foundation Information:* Includes your name, address, and telephone number. (3) *Four-year College Information:* Includes your name, address, and telephone number. (4) *Military Recruiting Information:* Includes "Directory information" plus address, telephone number, date of birth, and major field of study.

I do not permit the college to release *directory information*

(Leave blank if you want information on LACCD Foundation scholarships, grants, and networking opportunities)
 I do not permit the release of information to the *College Foundation*

 I do not permit the release of information to *four-year colleges*
 I do not permit the release of information to the *military*

You may change your Directory Release at any time by completing a Release of Directory Information form and returning it to the Admissions Office.

NON-DISCRIMINATION POLICY

All programs and activities of the Los Angeles Community College District shall be operated in a manner which is free of discrimination on the basis of race, color, national origin, ancestry, religion, creed, sex, pregnancy, marital status, sexual orientation, age, handicap or veterans status (Reference: Board Rule, chapter 15)

In order to ensure the proper handling of all civil rights matters, each college in the District has its own Diversity program, Title IX/Sex-Equity Coordinator, Section 504 Coordinator of Handicap Programs, and an Ombudsperson. Direct initial inquiries to the Office of Diversity Programs at (213) 891-2000.

29. Certification

I declare under penalty of perjury that all information on this form is correct. I understand that falsifying or withholding information required on this form shall constitute grounds for dismissal.

REQUIRED SIGNATURE _____ **Date** _____