GAVILAN COLLEGE APPLICATION FOR ADMISSION ☐ Spring ☐ Summer ☐ Fall 20 ____

(As listed on legal documents)

1 NAME _____
Last Name First Name Middle Name

Current Mailing Address: _____
Street

_____
City State Zip Code

Social Security #

Gavilan ID #

G00

Home Phone: _____ Email: _____

Cell Phone: _____ Name on previous Gavilan records: _____

2 GENDER
☐ Male ☐ Female

3 BIRTHDATE
_____ / _____ / _____
Month Day Year

Place of Birth

State: _____ Country: _____

4 CITIZENSHIP
☐1 U.S. Citizen
☐2 Permanent Resident: INS Number _____
☐3 Temporary Resident: INS Number _____
☐4 Refugee/Asylee (verification required)
☐5 F-1 Student Visa
☐6 Other (Specify) _____

5. MARITAL STATUS
☐ Unmarried
☐ Married
☐ Decline to state

6 ETHNICITY AND RACE

Are you of Hispanic or Latino ethnicity? ☐ Yes ☐ No

What is your race? Check all that apply.

☐ 1 Hispanic, Latino
☐ 2 Mexican-American, Chicano
☐ 3 Central American
☐ 4 South American
☐ 5 Hispanic Other
☐ 6 Asian: Indian
☐ 7 Asian: Chinese
☐ 8 Asian: Japanese
☐ 9 Asian: Korean
☐ 10 Asian: Laotian
☐ 11 Asian: Cambodian
☐ 12 Asian: Vietnamese
☐ 13 Filipino
☐ 14 Asian
☐ 15 Black or African-American
☐ 16 American Indian/Alaskan Native
☐ 17 Pac. Islander: Guamanian
☐ 18 Pac. Islander: Hawaiian
☐ 19 Pac. Islander: Samoan
☐ 20 Pac. Islander: Other
☐ 21 White

7 STUDENT TYPE

☐ 1 NEW, never attended any college

☐ 2 NEW TRANSFER, attended college other than Gavilan

☐ 3 RETURNING, last attended Gavilan but not last semester
- Date of last attendance at Gavilan:

Semester_____ Year_____

8 EDUCATION GOALS

☐ 1 Personal Interest, not for employment
☐ 2 Transfer to a 4 year college WITH AA, AS Degree
☐ 3 Transfer to a 4 year college WITHOUT AA, AS Degree
☐ 4 Associates Degree, General Education
☐ 5 Associates Degree, Vocational
☐ 6 Vocational Certificate
☐ 7 Discover/Formulate Career Interests, Plans, Goals
☐ 8 Job Skills, to Prepare for a New Job/Career
☐ 9 Enhance Present Job Skills
☐ 10 Maintain Certificate or License (e.g., Nursing)
☐ 11 Improve Basic Skills in English, Reading or Math
☐ 12 Complete Credits for High School Diploma or GED
☐ 13 Undecided on Goal

9 STUDENT EDUCATION LEVEL (Highest level of education)

☐1 Not a Graduate of, and no longer in High School
☐2 High School Student (currently enrolled in grades 9-12)
Year of expected HS Graduation: _____
☐3 Currently Enrolled in Adult School
☐4 Received High School Diploma. Year? _____
☐5 Received GED or Certificate of Equivalency/Completion. Year? _____
☐6 Received Certificate or High School Proficiency Exam. Year? _____
☐7 Foreign High School graduate. Year? _____
☐8 Received an Associate Degree. Year? _____
☐9 Received a Baccalaureate or higher degree. Year? _____

10 HIGH SCHOOL LAST ATTENDED

☐010236 Ann Sobrato
☐353006 Anzar
☐433448 Central
☐840118 Christopher High
☐433061 El Portal
☐433283 Gilroy
☐433008 Gunderson
☐433299 Andrew Hill
☐433352 Leland
☐433363 James Lick
☐433395 Live Oak
☐433485 Mt. Madonna (Gilroy)
☐053711 Mt. Madonna (Watsonville)
☐273317 North Salinas
☐274405 Notre Dame (Salinas)
☐433520 Oak Grove
☐433542 Overfelt
☐274413 Palma
☐273455 Salinas
☐353002 San Andreas Continuation
☐353700 San Benito
☐353650 San Benito Eve
☐433002 Santa Teresa
☐433790 Silver Creek
☐011449 TJ Owens (GECA)
☐443790 Watsonville
☐433895 Willow Glen

Name & location of High School if not listed above: _____
Name of High School City State

11 MAJOR (at Gavilan)

Major: _____ ☐ AA ☐ AS ☐ Certificate

12 COLLEGES ATTENDED (List last college attended first)

College: _____ **City** _____ **State:** _____ **Dates: from:** _____ **to:** _____

College: _____ **City** _____ **State:** _____ **Dates: from:** _____ **to:** _____

STATEMENT OF LEGAL RESIDENCE

Name _____ Social Security # _____
Last First Middle Initial

Address _____
Street City State Zip

Date of Birth ____/____/____

PART A To Be Completed By All Applicants

Have you lived in California for the past two years?

Yes ☐ If you answered "Yes" and you are unmarried and under the age of 19, go to part B, otherwise skip to Part C.

No ☐ If you answered "No" complete the following:

Date present stay in California began _____

Do you intend California to be your permanent residence? ☐ Yes ☐ No

Did you file California State Income Tax for the last two years? ☐ Yes ☐ No

Are you a public school credentialed employee? ☐ Yes ☐ No

Are you a seasonal agricultural employee or dependent? ☐ Yes ☐ No

Do you have a Drivers License or ID card? State: _____ Date Issued: _____

Are you registered to vote? State: _____ Date Registered: _____

Vehicle registration? State: _____ Date Issued: _____

Other proof of residency in California? _____

List states lived in for the last two years and the dates:

State: _____ from _____ to _____

State: _____ from _____ to _____

PART B To Be Completed About Your Parents or Legal Guardian if you are UNMARRIED and UNDER the AGE OF 19

- Have you lived continuously for the past two years with one or both of your parents or guardian?

Yes ☐ With Whom? ☐ Both parents ☐ Mother ☐ Father ☐ Legal Guardian

Address: _____
Street City State Zip

- Have they lived continuously for the past two years at the California address noted above? ☐ Yes ☐ No

No ☐ If "no" and you wish to be considered a California resident, please complete the following about your parent(s) or legal guardian:

- Did they file California State Income Tax the last two years? ☐ Yes ☐ No
- Do they have any of the following?
- A Drivers License or ID card? ☐ No ☐ Yes: State: _____ Date Issued: _____
- Are they registered to vote? ☐ No ☐ Yes: State: _____ Date Issued: _____
- Vehicle registration? ☐ No ☐ Yes: State: _____ Date Registered: _____

Other proof of residency in California _____

PART C To Be Completed by Active Military Persons, Dependents or Veterans Discharged Within the Last Year

- Are you a member of the military ☐ Yes ☐ No
- Are you a dependent of an active military person? ☐ Yes ☐ No
- When did you or your sponsor's tour begin in California? _____
- What is your state of legal residence on military records? _____

Note
Active duty military persons and/or dependents must provide a statement from the commanding officer stating the date of assignment and that the assignment to California is not for educational purposes. Dependents must also provide a letter stating that they are the dependent of a military person for the purpose of Federal Tax exemption.

PART D US Military / Dependent of Military Status

- Student's military service status, report all that apply.

1 Currently serving on active duty? ☐ Yes ☐ No
2 Veteran ☐ Yes ☐ No
3 Member of the active reserve ☐ Yes ☐ No
4 Member of the National Guard ☐ Yes ☐ No

- If you are a dependent child or spouse of an active member of the U.S. military, answer the following questions about your parent/guardian or spouse. Report all that apply.

1 Parent/guardian or spouse is currently on active duty ☐ Yes ☐ No
2 Parent/guardian or spouse is currently a veteran ☐ Yes ☐ No
3 Parent/guardian or spouse is a member of the Active Reserve ☐ Yes ☐ No
4 Parent/guardian or spouse is a member of the National Guard ☐ Yes ☐ No

PART E Foster Youth Status

- Are you or were you in foster care? ☐ Yes ☐ No/Never ☐ Unknown

If "**yes**", please select one of the following:

- ☐ Current in-state system
- ☐ Previous in-state system
- ☐ Current out-of-state system
- ☐ Previous out-of-state system
- ☐ Previous temporary status

- Are you interested in learning about additional resources and services you may be eligible for? ☐ Yes ☐ No

PART F Student's Parent/Guardian Education Level

- Regardless of your age, please indicate the education levels of your parents and/or guardians

Parent/Guardian 1:

☐ 1 Grade 9 or less

☐ 2 Grade 10, 11, or 12 but did not graduate

☐ 3 High School graduate

☐ 4 Some college but no degree

☐ 5 AA/AS degree

☐ 6 BA/BS degree

☐ 7 Graduate or professional degree beyond a BA/BS

☐ Y Not applicable, no first parent/guardian

☐ X Unknown

Parent/Guardian 2:

☐ 1 Grade 9 or less

☐ 2 Grade 10, 11, or 12 but did not graduate

☐ 3 High School graduate

☐ 4 Some college but no degree

☐ 5 AA/AS degree

☐ 6 BA/BS degree

☐ 7 Graduate or professional degree beyond a BA/BS

☐ Y Not applicable, no first parent/guardian

☐ X Unknown

PART G To Be Signed by Applicant

I declare under penalty of perjury that the statements submitted by me in connection with this application and for determination of residency are true and correct. All materials submitted by me for purposes of admission become the property of Gavilan College. I understand that falsification, withholding pertinent data, or failure to report changes in residence may result in my dismissal from the College.

Student's Signature _____ Date _____

Directory Information: No personal data other than directory information will be released without your written consent.