ENTER YOUR MISSION ID NUMBER:

South Bay Regional
Public Safety Training Consortium

TERM FOR WHICH YOU ARE APPLYING:

☐ SUMMER
☐ FALL/WINTER
☐ SPRING

APPLICATION FOR ADMISSION

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

1 SOCIAL SECURITY NUMBER | **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)

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? ☐ YES ☐ NO

10 ARE YOU A U.S. CITIZEN? ☐ YES ☐ NO

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? ☐ YES ☐ 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? ☐ YES ☐ NO

15 DID YOU FILE CA. INCOME TAX LAST YEAR? ☐ YES ☐ NO

16 HAVE YOU PETITIONED FOR DIVORCE IN ANOTHER STATE IN THE LAST YEAR? ☐ YES ☐ NO

17 HAVE YOU ATTENDED AN OUT-OF-STATE COLLEGE OR UNIVERSITY IN THE LAST YEAR AS A RESIDENT OF THAT STATE? ☐ YES ☐ NO

18 DRIVER'S LICENSE OR I.D. STATE: CA | DATE ISSUED | VEHICLE REGIST. STATE: CA | DATE ISSUED | VOTER REGIST. STATE: CA | 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 ☐☐☐☐

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? ☐ YES ☐ NO

27 CAN WE RELEASE PERSONAL INFORMATION WITHOUT YOUR CONSENT? ☐ YES ☐ 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

The ACADEMY

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.

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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