

**APPLICATION for ADMISSION**

Summer \_\_\_\_\_ Spring \_\_\_\_\_ 2007

**GAVILAN COLLEGE**

<b>1 SOCIAL SECURITY NUMBER</b> _____	<b>2 PLACE OF BIRTH</b> State or County _____	<b>BIRTHDATE</b> Month Day Year _____	<b>3 GENDER</b> 1 Male _____ 2 Female _____
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**4 NAME** (As you wish it to appear on your records )

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Current Mail- \_\_\_\_\_  
ing Address \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (area code) \_\_\_\_\_ Name on Previous Gavilan Records \_\_\_\_\_

<b>5 U.S. CITIZENSHIP ?</b> Yes _____ No _____	<b>6 PRIMARY LANGUAGE</b>
If not a U.S. citizen, indicate status below (check one) ___ 2 Permanent Resident: INS Number _____ Date Issued _____ ___ 3 Temporary Resident: INS Number _____ Date Issued _____ ___ 5 Refugee/Asylee _____ ___ 6 Foreign Student (F-1 or M-1) & 1-94 Expiration Date _____ ___ 7 Other Visa Type _____	Is English your primary spoken language?  Yes _____ No _____

**7 PREDOMINANT ETHNIC BACKGROUND**

10 White, Non-Hispanic	26 Vietnamese	43 South American	64 Other Pacific Islander	Enter Appropriate Number in Box <input style="width: 50px; height: 30px;" type="text"/>
21 Chinese	27 Indian Subcontinent	44 Other Hispanic	70 Filipino	
22 Japanese	28 Other Asian	50 American Indian, Alaskan	80 Other Non-White	
23 Korean	30 African-American	61 Guamanian	99 Decline to State	
24 Laotian	41 Mexican	62 Hawaiian		
25 Cambodian	42 Central American	63 Samoan		

**8 ENROLLMENT STATUS**

1 NEW, never attended any college	Enter Appropriate Number in Box <input style="width: 50px; height: 30px;" type="text"/>
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 _____	

**9 STUDENT EDUCATION STATUS** (Highest level of education)

1 Not a graduate of, and no longer in High School	8 Received an Associate Degree	Enter Appropriate Number in Box <input style="width: 50px; height: 30px;" type="text"/>
2 High School Student (currently enrolled in grades K-12)	9 Received a Baccalaureate or Higher Degree **	
3 Currently Enrolled in Adult School	* Year of High School Diploma <input style="width: 50px;" type="text"/>	**Year Degree Conferred <input style="width: 50px;" type="text"/>
4 Received High School Diploma *		
5 Received GED or Certificate of Equivalency/Completion		
6 Received Certificate or High School Proficiency Exam		
7 Foreign High School Graduate		

**10 EDUCATIONAL GOALS**

1 Personal Interest, not for employment	8 Job Skills, to Prepare for a New Job/Career	Enter Appropriate Number in Box <input style="width: 50px; height: 30px;" type="text"/>
2 Transfer to a 4-year College WITH AA, AS Degree	9 Enhance Present Job Skills	
3 Transfer to a 4-year College WITHOUT AA, AS Degree	10 Maintain Certificate or License (e.g., Nursing)	
4 Associate Degree, General Education	11 Improve Basic Skills in English, Reading, or Math	
5 Associate Degree, Vocational	12 Complete Credits for High School Diploma or GED	
6 Vocational Certificate	13 Undecided on Goal	
7 Discover/Formulate Career Interests, Plans, Goals		

**11 HIGH SCHOOL LAST ATTENDED**

___ 433395 Live Oak	___ 353650 San Benito Evening	___ 433363 Lick (James)	___ 273455 Salinas
___ 433448 Central	___ 353002 San Andreas Continuation	___ 273317 North Salinas	___ 433002 Santa Teresa
___ 433283 Gilroy	___ 353006 Anzar	___ 274405 Notre Dame (Salinas)	___ 433790 Silver Creek
___ 433279 Gilroy Adult	___ 433008 Gunderson	___ 433520 Oak Grove	___ 443790 Watsonville
___ 433485 Mt. Madonna	___ 433299 Hill (Andrew)	___ 433542 Overfelt (Wm. C.)	___ 433895 Willow Glen
___ 353700 San Benito Joint Union	___ 433352 Leland	___ 274413 Palma	

Name & Location of High School if not Listed Above \_\_\_\_\_

**12 COLLEGES ATTENDED** (List last college attended first)

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

<b>13 MAJOR</b> 	<b>14 DIRECTORY INFORMATION</b> No personal data other than directory information will be released without your written consent.	<b>15 HOURS WORKED</b> Approximate number of hours per week you will be employed during the semester. <input style="width: 50px;" type="text"/>	<b>16 RE-ENTRY</b> Check here if you have not attended any school for five or more years <input style="width: 50px;" type="checkbox"/>
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# STATEMENT OF LEGAL RESIDENCE

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_  
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**

**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 \_\_\_\_
- Date present stay in California began \_\_\_\_\_
- 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 \_\_\_\_
- Drivers License or ID Card State: \_\_\_\_\_ Date Issued: \_\_\_\_\_
- 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**

I have lived continuously for the past two years with one or both of my parents and he/she/they have lived continuously for the past two years at the California address noted below:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Yes** \_\_\_\_ If "Yes", Check one: Both Parents \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Legal Guardian \_\_\_\_

**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 \_\_\_\_
- Does he/she/they have any of the following?
  - Driver's License or ID card State: \_\_\_\_\_ Date Issued: \_\_\_\_\_
  - Voter Registration? State: \_\_\_\_\_ Date Registered: \_\_\_\_\_
  - Vehicle Registration? State: \_\_\_\_\_ Date Issued: \_\_\_\_\_
  - 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 your 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 purposes of Federal Tax exemption.

## PART D

### **To Be Signed by All Applicants**

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

