

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

|   |   |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|
| 8 | 8 |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|

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**

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

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**

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

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. Sex**

Female

Male

**8. Birth Date**

Month Day Year

**Age**

\_\_\_\_\_

**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 is made up of the following schools. 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 \_\_\_\_\_  
 3. Temporary Resident Alien Permanent Resident or Visa Number \_\_\_\_\_

4. Refugee, Asylee \_\_\_\_\_

5. Student Visa (F-1 or M-1 visa) \_\_\_\_\_

6. Other (Specify): \_\_\_\_\_ Issue/Adjustment Date \_\_\_\_\_

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

OFFICE USE ONLY

|           |                |               |                   |
|-----------|----------------|---------------|-------------------|
| Residence | Date Processed | A&R Assistant | Student Last Name |
|-----------|----------------|---------------|-------------------|

**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 (\*)** Please enter number in box

- |                           |   |                                      |
|---------------------------|---|--------------------------------------|
| 10 = Chinese              | 20 = Black, African-American            | 60 = American Indian, Alaskan Native |
| 11 = Japanese             | 30 = Filipino                           | 70 = Pacific Islander; Samoan        |
| 12 = Korean               | 40 = Mexican, Chicano, Mexican-American | 71 = Pacific Islander; Hawaiian      |
| 13 = Laotian              | 41 = Central American                   | 72 = Pacific Islander; Guamanian     |
| 14 = Cambodian            | 42 = South American                     | 79 = Other Pacific Islander          |
| 15 = Vietnamese           | 49 = Other Hispanic                     | 80 = Other Non-White                 |
| 16 = Indian Sub-Continent | 50 = Caucasian, White                   | 90 = Decline to state                |
| 17 = Other Asian          |   |                                      |

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

- |              |              |                           |
|--------------|--------------|---------------------------|
| 1 = English  | 5 = Filipino |                           |
| 2 = Armenian | 6 = Japanese | 9 = Spanish               |
| 3 = Chinese  | 7 = Korean   | 10 = Vietnamese           |
| 4 = Farsi    | 8 = Russian  | 11 = Other language _____ |

**22. What is your main educational goal?** Please enter 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 provides special services. Please indicate those services that interest you.

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

**(\*) NOTICE TO STUDENTS:** Your 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                          | <input type="text"/> |
| 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                        | Number               |
| 6 = Earned California High School Proficiency Certificate                               | <input type="text"/> |
| 7 = Earned a Foreign Secondary diploma or certificate of graduation                     |                      |
| 8 = Earned an Associate degree  | Year                 |
| 9 = Earned a Bachelor's or higher degree  | <input type="text"/> |

**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 12<sup>th</sup> 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 1202)

In order to ensure the proper handling of all civil rights matters, each college in the District has its own Affirmative Action Representative, 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 \_\_\_\_\_