

<p>1. Student Identification Number Leave blank unless you have previously been assigned a Student Identification Number</p> <table style="width:100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;">8</td> <td style="border: 1px solid black; width: 20px;">8</td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> </tr> </table> <p>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.</p>	8	8									<p>3. Legal Name</p> <table style="width:100%;"> <tr> <td style="width:50%;">Last</td> <td style="width:50%;">First</td> </tr> <tr> <td style="width:50%;">Middle Initial</td> <td style="width:50%;">Last</td> </tr> <tr> <td style="width:50%;">First</td> <td style="width:50%;">Middle Initial</td> </tr> </table> <p>List other names you have used. If none, check box: _____</p>	Last	First	Middle Initial	Last	First	Middle Initial	<p>5. Alternate Identification Number</p> <table style="width:100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> </tr> </table> <p>If you are a returning student and have been previously assigned an Alternate Identification Number by the district, please complete. Otherwise leave blank.</p>											<p>2. Social Security Number</p> <table style="width:100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> </tr> </table> <p>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.</p>											<p>4. Legal Address/Residence (Do not use P.O. Box or Business Address)</p> <table style="width:100%;"> <tr> <td style="width:30%;">Number</td> <td style="width:30%;">Street</td> <td style="width:20%;">Apt. No.</td> </tr> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:20%;">Zip Code</td> </tr> </table> <p>I have lived at this address since: _____ Month _____ Day _____ Year _____</p>	Number	Street	Apt. No.	City	State	Zip Code	<p>6. This Application is for</p> <p> <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer </p> <p>Year _____</p> <p>7. Gender</p> <p> <input type="checkbox"/> Female <input type="checkbox"/> Male </p> <p>8. Birth Date</p> <table style="width:100%;"> <tr> <td style="width:30%;">Month</td> <td style="width:30%;">Day</td> <td style="width:20%;">Year</td> <td style="width:20%;">Age</td> </tr> </table>	Month	Day	Year	Age
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<p>10. Mailing Address (If different from Legal Address given above)</p> <p>Number/Street/Apt. No. _____ City/State _____ Zip Code _____</p>	<p>14. Place of Birth</p> <p>City _____ State or Foreign Country _____</p>																																																		
<p>11. My present stay in California began on:</p> <table style="width:100%;"> <tr> <td style="width:30%;">Month</td> <td style="width:30%;">Day</td> <td style="width:20%;">Year</td> </tr> </table> <p>Are any of the following on active military duty? (Please check all that apply)</p> <p> <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse <input type="checkbox"/> Parents </p>	Month	Day	Year	<p>15. Full name of the most recent High School you attended</p> <p>Name of High School _____ City _____ State or Foreign Country _____</p>																																															
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<p>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)</p> <table style="width:100%;"> <tr> <td style="width:30%;">Registered to vote in a state other than California?.....</td> <td style="width:10%;">Yes</td> <td style="width:10%;">No</td> <td style="width:10%;">If yes, what year? _____</td> </tr> <tr> <td>Filed a legal action in a state other than California?.....</td> <td>Yes</td> <td>No</td> <td>If yes, what year? _____</td> </tr> <tr> <td>Attended a non-California college/university as a resident of that state?..</td> <td>Yes</td> <td>No</td> <td>If yes, what year? _____</td> </tr> <tr> <td>Filed as a Non-Resident for California State Income Tax Purposes?.....</td> <td>Yes</td> <td>No</td> <td>If yes, what year? _____</td> </tr> </table>	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? _____	<p>16. Last College attended. If none, check box: _____</p> <p>Name of College _____ Dates Attended _____</p> <p>City/State/Foreign Country _____ Degree Awarded _____</p>																																		
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<p>The LACCD consists of the following colleges. Please check ONE school.</p> <table style="width:100%;"> <tr> <td style="width:25%;"><input type="checkbox"/> City</td> <td style="width:25%;"><input type="checkbox"/> East</td> <td style="width:25%;"><input type="checkbox"/> Harbor</td> <td style="width:25%;"><input type="checkbox"/> Mission</td> </tr> <tr> <td><input type="checkbox"/> Southwest</td> <td><input type="checkbox"/> Trade Tech</td> <td><input type="checkbox"/> Valley</td> <td><input type="checkbox"/> West LA</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> ITV</td> </tr> </table>	<input type="checkbox"/> City	<input type="checkbox"/> East	<input type="checkbox"/> Harbor	<input type="checkbox"/> Mission	<input type="checkbox"/> Southwest	<input type="checkbox"/> Trade Tech	<input type="checkbox"/> Valley	<input type="checkbox"/> West LA				<input type="checkbox"/> ITV	<p>17. I am a citizen of _____ Country _____</p> <p>18. If you are not a United States Citizen, please circle and complete:</p> <table style="width:100%;"> <tr> <td style="width:50%;"> 2. Permanent Resident Alien 3. Temporary Resident Alien 4. Refugee, Asylee 5. Student Visa (F-1 or M-1 visa) 6. Other (Specify): _____ 7. Visitor Visa (B-1 or B-2 visa) </td> <td style="width:50%;"> Permanent Resident or Visa Number _____ Issue/Adjustment Date _____ </td> </tr> </table>	2. Permanent Resident Alien 3. Temporary Resident Alien 4. Refugee, Asylee 5. Student Visa (F-1 or M-1 visa) 6. Other (Specify): _____ 7. Visitor Visa (B-1 or B-2 visa)	Permanent Resident or Visa Number _____ Issue/Adjustment Date _____																																				
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<p>OFFICE USE ONLY</p> <p>Residence _____ Date Processed _____</p> <p>A&R Assistant _____ Student Last Name _____</p>																																																			

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
 B = Central American
 C = South American
 D = Hispanic, Other
 If not Hispanic or Latino, please check all that apply

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

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

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

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

- Prepare for a new career (acquire new job skills)
- Advance in current job/career (update job skills)
- Discover/develop career interests, plans and goals
- Obtain a two-year vocational degree without transfer
- Obtain a two-year Associate degree without transfer
- Obtain a vocational certificate without transfer
- Obtain a Bachelor's degree after completing an Associate's degree
- Obtain a Bachelor's degree without completing an Associate's degree
- Maintain certificate or license (e.g. Nursing, Real Estate)
- Improve basic skills in English, reading or math
- Complete credits for high school diploma or GED
- Personal development (intellectual, cultural)
- Undecided on goal
- To move from noncredit coursework to credit coursework
- 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 <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 (DSSPs) Office. |
| 2 <input type="checkbox"/> Child Care | |
| 3 <input type="checkbox"/> Tutoring | 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 |
| 4 <input type="checkbox"/> Transfer Assistance | 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. |
| 5 <input type="checkbox"/> Employment Assistance | |

* 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 | Number |
| 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 | Year |
| 9 = Earned a Bachelor's or higher degree | |

25. Enrollment Status: Please enter number in box

- First time college student
- First time at this college, after attending another college
- Returning to this college, after attending another college
- Returning to this college, without having attended another college
- 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 LAACCD 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/Sec-Equality Coordinator, Section 504 Coordinator of Handicap Programs, and an Ombudsman. 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 _____