

# Application for students 13 years of age and younger

## CABRILLO COLLEGE APPLICATION FOR ADMISSION

YOU MUST COMPLETE ALL ITEMS ON BOTH SIDES

Have you ever submitted an application to Cabrillo College?  No  Yes Year? \_\_\_\_\_ Name, if different \_\_\_\_\_

In which term do you anticipate starting or re-entering Cabrillo? Check only one:  Summer  Fall  Wintersession  Spring

Social Security Number: (optional)

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Legal Name \_\_\_\_\_  
Last First MI

Residence Address \_\_\_\_\_  
Street Apt. # City State Zip

Mailing Address \_\_\_\_\_  
(if different from residence address; P.O. Box acceptable) Street Apt. # City State Zip

Phone Numbers \_\_\_\_\_  
Home Work Ext Cell

Date of Birth: 

		1	9		
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 Age \_\_\_\_\_  
Month Day Year

**Ethnicity** (Select One or more) Per U.S. Dept. of Ed. Guidelines, Colleges are required to collect the following racial and ethnic data:

Are you Hispanic or Latino?  Yes  No

- |  |   |  |  |  |
|--|---|--|--|--|
| <input type="checkbox"/> AC Chinese      | <input type="checkbox"/> AL Laotian     | <input type="checkbox"/> B Black                               | <input type="checkbox"/> HS South American | <input type="checkbox"/> PS Samoan                 |
| <input type="checkbox"/> AI Asian Indian | <input type="checkbox"/> AM Cambodian   | <input type="checkbox"/> F Filipino                            | <input type="checkbox"/> HX Other Hispanic | <input type="checkbox"/> PX Other Pacific Islands  |
| <input type="checkbox"/> AJ Japanese     | <input type="checkbox"/> AV Vietnam     | <input type="checkbox"/> HM Mexican, Mexican American, Chicano | <input type="checkbox"/> PG Guamanian      | <input type="checkbox"/> N American/Alaskan Native |
| <input type="checkbox"/> AK Korean       | <input type="checkbox"/> AX Other Asian | <input type="checkbox"/> HR Central American                   | <input type="checkbox"/> PH Hawaiian       | <input type="checkbox"/> W White                   |

Gender:  Female  Male E-mail Address: \_\_\_\_\_

1. Major Code: Select code from *Schedule of Classes* (page 104) or Cabrillo Website

000001

2. Admission Status (Check One)

- Y High School Students (including grades K-12)
- 1 New (first time college student)
- 2 New Transfer (attended college but not Cabrillo)
- 3 Re-Entering (attended Cabrillo but not last semester)

3. Educational Goal: (Check one only)

- |  |   |
|--|---|
| <p><b>Transfer to 4-year school:</b></p> <p><input type="checkbox"/> 1 Transfer with AA/AS degree</p> <p><input type="checkbox"/> 2 Transfer without AA/AS degree</p> <p><i>If you checked 1 or 2 circle one subset below (a-g), if it applies</i></p> <p>a. Transfer to UCSC</p> <p>b. Transfer to other UC campus</p> <p>c. Transfer to San Jose State</p> <p>d. Transfer to CSU Monterey Bay</p> <p>e. Transfer to other CSU campus</p> <p>f. Transfer to private Cal college</p> <p>g. Transfer out-of-state/foreign</p> | <p><b>Degree/Certificate Without Transfer:</b></p> <p><input type="checkbox"/> 3 AA/AS degree</p> <p><input type="checkbox"/> 4 Vocational degree</p> <p><input type="checkbox"/> 5 Vocational Certificate</p> <p><b>Job Related Training:</b></p> <p><input type="checkbox"/> 6 Formulate career plans</p> <p><input type="checkbox"/> 7 Acquire job skills</p> <p><input type="checkbox"/> 8 Update job skills</p> <p><input type="checkbox"/> 9 Maintain certificate or license</p> <p><b>Other Goals and Purposes:</b></p> <p><input type="checkbox"/> 10 Intellectual/cultural development</p> <p><input type="checkbox"/> 11 Basic English/reading/math skills</p> <p><input type="checkbox"/> 12 Credit for HS diploma</p> <p><input type="checkbox"/> 13 Move from noncredit to credit</p> <p><input type="checkbox"/> 14 4-year college student taking courses to meet 4-year college requirements</p> <p><input checked="" type="checkbox"/> 51 Undecided</p> |
|--|---|

4. Is English the primary language you normally speak at home?

Yes  No

5. Citizenship (Select One)

- 1 U.S. Citizen
- 2 Permanent Resident  
 Alien number: \_\_\_\_\_ Date issued: \_\_\_\_\_
- 3 Temporary Resident/Amnesty  
 Alien number: \_\_\_\_\_ Date issued: \_\_\_\_\_
- 4 Refugee/Asylee Alien number: \_\_\_\_\_
- 5 Student Visa (F1)
- 6 Other Status \_\_\_\_\_ I-94 expires: \_\_\_\_\_

6. Country of Citizenship, if other than U.S. citizen \_\_\_\_\_

7. Institutions Attended: (section not applicable under age of 13)

- a. High School: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Date Attended: \_\_\_\_\_ to \_\_\_\_\_
- Graduated:  Yes  No
- (If no, what month and year do you plan to graduate? \_\_\_\_\_)
- b. Most recent college attended:
- Name: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Years attended: \_\_\_\_\_ to \_\_\_\_\_  
 Graduated:  Yes  No Type of Degree \_\_\_\_\_

8. Highest level of education you have completed? (Select one)

- Educational Status/ Graduation Type:
- 1 Not a High School graduate/no longer in High School
- 2 High School enrichment/enrolled in grades K-12
- 3 Currently in Adult School
- 4 High School graduate
- 5 Received GED/Cert. of Equivalency
- 6 Received Cert. High School Proficiency
- 7 Foreign secondary diploma
- 8 Received Associate Degree
- 9 Received Bachelor Degree or higher

OC	CC	Datalat #	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>							Initials: _____	Entry Date: _____

# STATEMENT OF LEGAL RESIDENCE

To BE COMPLETED BY ALL STUDENTS—SIGNATURE REQUIRED

BE SURE TO ANSWER ALL QUESTIONS AND SIGN BELOW:

Social Security #:

Name: \_\_\_\_\_  
(print)

9. Date of Entry to California (required information)  
\_\_\_\_\_

10. Place of birth (state or country) \_\_\_\_\_

11. Have you continuously lived in California for the last 2 years?  
 Yes  No

a. List states lived in during the last two years, with dates:  
State \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
State \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

12. My intent is to maintain California as my home.  
 Yes  No If not, where? \_\_\_\_\_

13. Did you file California State Income Tax the last two years?  
 Yes  No

14. What was the source of your financial support for the past year?  
 Parent or guardian  
 Employment  
 Other: List source \_\_\_\_\_

15. Driver's License/ID number **(section not applicable under age 13)**  
State \_\_\_\_\_ Original Date Issued \_\_\_\_\_

16. Vehicle Registration: State \_\_\_\_\_

17. Registered to vote?  Yes  No State: \_\_\_\_\_

Date Registered: \_\_\_\_\_

TO BE COMPLETED BY ACTIVE MILITARY PERSONS,  
DEPENDENTS, OR VETERANS DISCHARGED  
WITHIN THE LAST YEAR

18. Are you a dependent of an active military person?  
 Yes  No

19. When did your tour begin in California? \_\_\_\_\_

20. 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 assignment to California is not for educational purposes.

**21. COMPLETE IF YOU ARE UNDER 19 YEARS OF AGE AND UNMARRIED**

One or both of my parents are California residents.  Yes  No

Parent Name \_\_\_\_\_

Number/Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

My parent has lived in California since \_\_\_\_\_  
month/year

**OPTIONAL PARENT/GUARDIAN ADDRESS INFORMATION** (To be completed by anyone UNDER AGE 25)

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address (No./Street) \_\_\_\_\_ Address (No./Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Phone No. \_\_\_\_\_

I declare under penalty of perjury that the statements submitted by me are true and correct. All materials submitted by me for purposes of admission become the property of Cabrillo College. I understand that falsification, withholding pertinent information, or failure to report changes in residency may result in my dismissal.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Return your completed application to Cabrillo College:

Admissions and Records at Aptos  
6500 Soquel Drive  
Aptos, CA 95003-3197  
(831) 479-6201 Fax (831) 479-5782



Admissions and Records at Watsonville  
318 Union St.  
Watsonville, CA 95076  
(831) 477-5100 Fax (831) 477-5115