



# Solano Community College Admission Application

Available online at: [www.solano.edu](http://www.solano.edu)

ADMISSION FOR:  Summer \_\_\_\_\_ Year  Fall \_\_\_\_\_ Year  Spring \_\_\_\_\_ Year

Non-Discrimination Policy: Pursuant to appropriate California education code(s) the District shall not deny any person registration or enrollment because of the individual's ethnic group identification, religion, marital status, age, sex, disability, or any other categories, as defined or realized by the law.

*Please answer all questions and print clearly.*

**1. LEGAL NAME:** (Do not use nicknames)

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Middle name

**2. MAILING ADDRESS:**

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**3. DAY TELEPHONE:** (D) ( ) \_\_\_\_\_ **CELL:** ( ) \_\_\_\_\_  
Area Code Number Area Code Number

**4. SOCIAL SECURITY NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **6. BIRTHDATE** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Your number must be accurate to ensure the integrity of your permanent record. A copy of your Social Security Card will be required to change it. Mo Day Year

**5. ETHNIC BACKGROUND:** (Select only one)

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> AI = Asian Indian | <input type="checkbox"/> AV = Vietnamese         | <input type="checkbox"/> HX = Other Hispanic         | <input type="checkbox"/> PH = Hawaiian             |
| <input type="checkbox"/> AM = Cambodian    | <input type="checkbox"/> AX = Other Asian        | <input type="checkbox"/> B = African American        | <input type="checkbox"/> PS = Samoan               |
| <input type="checkbox"/> AC = Chinese      | <input type="checkbox"/> HR = Central American   | <input type="checkbox"/> N = American Indian/Alaskan | <input type="checkbox"/> PX = Other Pacific Island |
| <input type="checkbox"/> AK = Korean       | <input type="checkbox"/> HS = South American     | <input type="checkbox"/> F = Filipino                | <input type="checkbox"/> W = White, Non-Hispanic   |
| <input type="checkbox"/> AL = Laotian      | <input type="checkbox"/> HM = Mexican/Mex. Amer. | <input type="checkbox"/> PG = Guamanian              | <input type="checkbox"/> O = Other Non-White       |
| <input type="checkbox"/> AJ = Japanese     |  |  |  |

**6. GENDER:**  Male\*  Female

\*If you are a male U.S. Citizen or male alien living in the United States, age 18-25, you have an obligation to register in accordance with the federal Military Selective Service Act (50 U.S.C. appl 451 et.seq.) Additional information can be obtained at the U.S. Post Office or at the website of the Selective Service whose URL is <http://www.sss.gov/Welcome>.

**7. EMAIL ADDRESS:** \_\_\_\_\_

**8. LIST YOUR MAJOR / PROGRAM OF STUDY:** \_\_\_\_\_  
(Refer to code table) Example: LifeMgmt\_AS

**9. STUDENT TYPE:** (If college status below is 2, list all colleges attended on next page)

- 1 First time enrollment at ANY college
- 2 First time enrollment at this college, but have previously enrolled at another college
- 3 Returning to this college after an absence
- Y Special Admit K-12

Office Use Only: Rec'd By \_\_\_\_\_ Input By \_\_\_\_\_ Date \_\_\_\_\_

10. EDUCATIONAL GOAL: (Select one)

- |   |   |
|---|---|
| <input type="checkbox"/> A=Transfer to four-year college with Associate Degree    | <input type="checkbox"/> G=Learn job skills             |
| <input type="checkbox"/> B=Transfer to four-year college without Associate Degree | <input type="checkbox"/> H=Update current job skills    |
| <input type="checkbox"/> C=Earn Associate Degree                                  | <input type="checkbox"/> I=Maintain certificate/license |
| <input type="checkbox"/> D=Earn Associate Degree in vocational subject            | <input type="checkbox"/> J=Educational Development      |
| <input type="checkbox"/> E=Earn Vocational Certificate                            | <input type="checkbox"/> K=Improve Basic Skills         |
| <input type="checkbox"/> F=Explore career interests, plans, goals                 | <input type="checkbox"/> L=Complete High School credits |
|   | <input type="checkbox"/> M=Undecided                    |

11. CITIZENSHIP STATUS: (Select one) (#2-documentation is required)

- |   |   |
|---|---|
| <input type="checkbox"/> 1 = U.S. Citizen       | <input type="checkbox"/> 4 = Refugee                |
| <input type="checkbox"/> 2 = Permanent Resident | <input type="checkbox"/> 5 = Student visa F-1 / M-1 |
| <input type="checkbox"/> 3 = Temporary Resident | <input type="checkbox"/> 6 = Other _____            |
- List Visa status and date

12. RESIDENCY:

What state do you regard as your permanent home: \_\_\_\_\_ (state abbreviation)

If California, when did your present stay begin: \_\_\_\_\_  
Month Day Year

**Note:** If you lived outside of California at any time during the last two years, you **MUST** complete the residency questionnaire on the next page. Documentation may be requested.

13. STUDENT SUPPORT SERVICES:

Solano Community College is committed to increasing your educational success. Student Support Services enable you to participate successfully in the programs of the College. Each item below is associated with a college program. Please check the appropriate box if you want more information regarding that program. You may select more than one service.

- |  |  |
|--|--|
| <input type="checkbox"/> 1=Financial assistance to attend college                      | <input type="checkbox"/> A=Intercollegiate sports in which you may participate |
| <input type="checkbox"/> 2=Child care while attending classes                          | <input type="checkbox"/> B=Student government/activities                       |
| <input type="checkbox"/> 3=Physical and/or learning disability                         | <input type="checkbox"/> C=Veterans educational benefits                       |
| <input type="checkbox"/> 4=Transfer services   | <input type="checkbox"/> D=Career planning                                     |
| <input type="checkbox"/> 5=Job placement   |  |
| <input type="checkbox"/> 6=Basic skills (reading, writing, math)                       |  |
| <input type="checkbox"/> 7=Tutoring  |  |
| <input type="checkbox"/> 8=English for non-English speaker                             |  |
| <input type="checkbox"/> 9=EOPS/Support Services, for special academic or income needs |  |

14. EDUCATIONAL LEVEL:

- |  |  |
|--|--|
| <input type="checkbox"/> 0=Not a graduate/not in high school | <input type="checkbox"/> 4=Passed GED/Certificate of Equivalency |
| <input type="checkbox"/> 1=Currently in K-12                 | <input type="checkbox"/> 5=Certificate of Proficiency            |
| <input type="checkbox"/> 2=Enrolled in Adult School          | <input type="checkbox"/> 6=Foreign secondary school diploma      |
| <input type="checkbox"/> 3=Received High School Diploma      | <input type="checkbox"/> 7=Associate Degree                      |
|  | <input type="checkbox"/> 8=Bachelor Degree or Higher             |

High school you last attended:

\_\_\_\_\_  
Name City State Start Year End Year Year Graduated

15. COLLEGES ATTENDED: List all colleges attended (*most recent first*)

	City	State	Start Year	End Year	Units and Degree Earned

I certify that the information on this application is correct and complete, and I understand that falsification may result in my dismissal from this District.

Signature: (Required) \_\_\_\_\_ Date \_\_\_\_\_

**FERPA NOTIFICATION:** Under notification of the Family Education Rights and Privacy Act, you may, at the time you actually enroll, direct the College to withhold Release of Directory Information to persons not employed by the College. Do you give the College District permission to release your directory information to the National Student Clearinghouse for verification of enrollment?  YES  NO

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only: Admissions Staff \_\_\_\_\_ Date \_\_\_\_\_ Student Status \_\_\_\_\_

**RESIDENCY QUESTIONNAIRE - Supplemental Information**

Complete only if you have lived outside of California anytime during the past two years.

The information requested below is needed to properly determine your residency status for tuition purposes. You may be asked to provide other documents to establish physical presence in accordance with Education Code Sections 68040 et seq. The burden of proof lies with the student to clearly demonstrate both physical presence in California and intent to establish California residence as defined in these Code sections.

1. What state do you regard as your permanent home? \_\_\_\_\_

2. List address(es) for the last 2 years, beginning with your current address:

Number & Street	City & State	from			to		
		Mo	Day	Year	Mo	Day	Year

If you are 19 years of age or older, answer items 5 through 11 as they pertain to you.

3. If you are under 19 years of age, answer this item. Give the name and address and other requested information about your natural or adopted parent with whom you most recently resided. If both parents are deceased, give the information about your legal guardian, then complete items 5 through 11 as they pertain to the parent or guardian whose name you provided below.

Name \_\_\_\_\_ Their legal home is in what state? \_\_\_\_\_

Permanent address \_\_\_\_\_

How long has your legal guardian lived continuously in California? \_\_\_\_\_

4. Member of, or veteran of, U.S. Armed Forces?  yes  no Home of record \_\_\_\_\_

5. Dependent of any member of the U.S. Armed Forces?  yes  no

6. Ever registered to vote?  yes  no If yes, give State and date registered and date last voted: \_\_\_\_\_

7. Possess driver's license?  yes  no If yes, list state and date of issuance:

State \_\_\_\_\_ Date \_\_\_\_\_

8. Current registration date of all motor vehicles owned.

State \_\_\_\_\_ Date \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

9. Where were the last two state income tax returns filed on total income and year covered?

State \_\_\_\_\_ Date \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

10. Are you a seasonal agricultural employee or dependent?  yes  no

11. Are you under 19 and married?  yes  no

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS SUBMITTED BY ME IN CONNECTION WITH DETERMINATION OF RESIDENCE ARE TRUE AND CORRECT. All materials submitted by me for purposes of admission become the property of Solano Community College. I understand that falsification, withholding pertinent date, or failure to report changes in residence may result in my dismissal.

Student's Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_