

TERM FOR WHICH YOU ARE APPLYING:

APPLICATION FOR ADMISSION

READ CAREFULLY. WRITE CLEARLY WITH BLUE OR BLACK INK. PLEASE SIGN APPLICATION.

SUMMER
FALL/WINTER
SPRING

1	SOCIAL SECURITY NUMBER (optional)	2 PLACE OF BIRTH	3 BIRTHDATE	4 GENDER			
5	LAST NAME		(FIRST NAME)	-	MIDDLE		
6	(INDICATE NUMBER IN BOX)	0. White, Non-Hispanic 24. Laotian 21. Chinese 25. Cambodian 22. Japanese 26. Vietnamese 23. Korean 27. Indian Subcontine		panic 63. Samoan Indian, Alaskan 64. Other Pacific Islander 9	D. Other, Non White 9. Decline to State		
7 EMAIL ADDRESS (IF ANY)							
ADDRESS							
8	NUMBER AND STREET			DAYTIME PHONE			
CITY	6	STATE	ZIP CODE	EVENING PHONE			
RESIDENCY AND CITIZENSHIP							
9	IS ENGLISH YOUR PRIMARY LANGUAGE? YES NO		ARE YOU A U.S. CITIZEN?	0			
11	(INDICATE NUMBER IN BOX) 3. To	COMPLETE THE FOLLOWIN ermanent Resident (INS # emporary Resident (INS # mnesty	IG SECTION IF NOT A U.S. CITIZEN) 5. Refugee/Asylee) 6. Student Visa Status (F-1 or M-1) 7. Other Status (Specify	DATE OF ISSUE OF VISA			
COL	INTRY OF CITIZENSHIP	<u> </u>	F ENTRY	VISA EXPIRATION DATE			
12 HAVE YOU LIVED IN CALIFORNIA FOR MORE THAN TWO YEARS? YES NO DATE CURRENT STAY IN CALIFORNIA BEGAN							
14	DO YOU INTEND FOR CA. TO BE YOUR PER		E NOT LIVED IN CALIFORNIA FOR MOI A. INCOME TAX LAST YEAR?	YOU PETITIONED FOR DIVORCE IN ANOTHE	R STATE		
14	☐ YES ☐ NO	YES	□ NO	LAST YEAR? YES NO			
17	17 HAVE YOU ATTENDED AN OUT-OF-STATE COLLEGE OR UNIVERSITY IN THE LAST YEAR AS A RESIDENT OF THAT STATE? YES NO						
18	DRIVER'S LICENSE OR I.D. STATE DATE	VEHICLE REGIS	T. STATE DATE ISSUED	VOTER REGIST. STATE DATE ISSUED			
19	LIST STATES YOU HAVE LIVED IN THE PAS	T TWO YEARS FROM		то			
		FROM		ТО			
20	HIGHEST EDUCATIONAL LEVEL COMPLETED Not a graduate of High School 4. Cert. of High School Proficiency 7. Received Baccalaureate Degree 1. Not a graduate of High School Diploma 5. Foreign High School Graduate 8. Higher Degree 8. Higher Degree 8. Higher Degree 9. Foreign High School Graduate 8. Higher Degree 9. Foreign High School Graduate 9. Foreign High						
<u> </u>	(INDICATE NUMBER IN BOX) EDUCATIONAL GOAL 1. F	YEAR AWARDED 3. G	ED or Cert. of Equivalency 6. Received A	gh School Graduate 8. Higher Degree Associate Degree or a new career 10. Educational developm	ent		
21	(INDICATE NUMBER IN BOX) 2. 7 3. 7			in current career 11. Improve English, read certificate/license 12. Complete credits for h	igh school		
22	22 LAST HIGH SCHOOL ATTENDED. CITY, COUNTY AND/OR STATE.						
23	LAST COLLEGE ATTENDED		CITY, COUNTY AND/OR STATE	YEAR	1		
WHAT IS YOUR COLLEGE MAJOR?							
25	HOW MANY HOURS DO YOU PLAN TO WORK PER WEEK? ARE YOU A VETERAN OF THE U.S. ARMED FORCES?						
27	CAN WE RELEASE PERSONAL INFORMATION WITHOUT YOUR CONSENT?						
☐ YES ☐ NO							
TO BE SIGNED BY ALL APPLICANTS I declare under penalty of perjury that the statements and information submitted in this admissions application are true and correct. I understand that all materials submitted by me for purposes of admission become the property of the South Bay Regional Public Safety Training Consortium. I also understand that falsification, withholding pertinent data or failure to report changes in residency or education status may result in my dismissal. Finally, in registering for future terms, I agree to provide true and correct information about any change in my educational status.							
STU	DENT SIGNATURE			DATE			