



Gavilan College
5055 Santa Teresa Blvd
Gilroy, CA 95020
Fax (408) 846-4940

Document Deadlines:
Fall 2018: August 24, 2018
Spring 2019: January 25, 2019
Summer 2019: June 14, 2019

Deadline to submit Residency Form and documentation is the Friday before the first day of the term

RESIDENCY FORM

Name: _____ G #: _____
First Name Last name

Present Address: _____ Birth Date: ____/____/____
Street City State Zip Code

Term Requesting Reclassification: _____ Phone #: (____) _____
Term Year

The information requested is deemed relevant and necessary to properly determine your residence status for tuition purposes pursuant to Education Code Section 68062. Failure to answer all questions may cause you to be classified as nonresident. You may submit other information that you believe will establish your California residence. A summary of the regulations is printed in the college catalog.

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

2. If California, when did your present stay begin? ____/____/____
Month Day Year

3. List places you lived, dates and the parent (if appropriate) with whom you resided before present stay in California began:

FROM	TO	STATE	PARENT

4. Citizen status (check one): ☐ U.S. Citizen ☐ J Visa / M Visa
☐ Immigrant I-551 "green card" ☐ Refugee / Asylee / PIP
☐ F Visa ☐ Other Visa _____
☐ None of the above

Issue Date of I-551 or Visa:

____/____/____
Month Day Year

5. Are you claimed as a dependent on the military record of any member of the U.S. armed forces? ☐ Yes ☐ No
If "yes," explain relationship and answer No. 7 as it pertains to the service system _____

6. If you will be 19 years of age or older by the residence determination date (one year prior to the first day of the term), answer numbers 7 through 18 as they pertain to you. If you will be younger than 19 years of age by the residence determination date, answer this item giving the name and address and other requested information about the natural or adopted parent with whom you most recently resided, or if both parents are deceased, about your legal guardian: then complete numbers 7 through 18 as they pertain to the parent or guardian whose name you will provide below:

Name: _____ Relationship: _____

State regarded by that person as permanent home: _____

Permanent address: _____

Present actual whereabouts: _____

How long (continuously) living in California, if at all: _____

7. Member or veteran of U.S. armed forces? ☐ Yes ☐ No Date joined ____/____/____ From what state? _____

8. Ever registered to vote? ☐ Yes ☐ No State Date Registered Date Last Voted
_____/____/____
_____/____/____

