

**1 NAME**

(As you wish it to appear on your records )

Gavilan

ID # **G00**

Last Name

First Name

Middle Name

Current  
Mailing  
Address

Street

City

Soc. Sec. #

State

Zip

E-mail Address

Primary Phone #

Name on Previous Gavilan Records:

Alternate Phone #

**2 GENDER** Male \_\_\_\_ Female \_\_\_\_**3 BIRTHDATE**

Month Day Year

**PLACE OF BIRTH**

State or Country

**4 CITIZENSHIP**

1. U.S. Citizen

2. Permanent Resident: INS Number Date Issued

3. Temporary Resident: INS Number Date Issued

4. Refugee/Asylee (verification required)

5. F-1 Student Visa Enter Appropriate

6. Other (specify) Number in Box

**5 MARITAL STATUS**

Unmarried

Married

Decline to State

**6 PREDOMINANT ETHNIC BACKGROUND**

B. African-American, Non-Hispanic

N. American Indian, Alaskan Native

AI Asian Islander

AM Cambodian

HR Central American

AC Chinese

F. Filipino

PG Guanamian

PH Hawaiian

AJ Japanese

AK Korean

AL Laotian

HM Mexican, Mexican

American, Chicano

AC Other Asian

HX Other Hispanic

O. Other Non-White

PX Other Pacific Islander

PS Samoan

HS South American

AV Vietnamese

W. White, Non-Hispanic

XD Decline to State

Enter Appropriate  
Code in Box**7 STUDENT TYPE**

1 NEW, never attended any college

2 NEW TRANSFER, attended college  
other than Gavilan3 RETURNING, last attended Gavilan  
but not last semester. Date of last  
attendance at Gavilan:Enter Appropriate  
Number in Box

Semester

Year

**8 EDUCATIONAL GOALS**

1 Personal Interest, not for employment

2 Transfer to a 4-year College WITH AA, AS Degree

3 Transfer to a 4-year College WITHOUT AA, AS Degree

4 Associate Degree, General Education

5 Associate Degree, Vocational

6 Vocational Certificate

7 Discover/Formulate Career Interests, Plans, Goals

8 Job Skills, to Prepare for a New Job/Career

9 Enhance Present Job Skills

10 Maintain Certificate or License (e.g., Nursing)

11 Improve Basic Skills in English, Reading, or Math

12 Complete Credits for High School Diploma or GED

13 Undecided on Goal

Enter Appropriate  
Number in Box
**9 STUDENT EDUCATION LEVEL** (Highest level of education)

1 Not a graduate of, and no longer in high school

2 High school student (currently enrolled in grades 9-12)

3 Currently Enrolled in Adult School

4 Received High School Diploma \*

5 Received GED or Certificate of Equivalency/Completion

6 Received Certificate or High School Proficiency Exam

7 Foreign High School Graduate

8 Received an Associate Degree

9 Received a Baccalaureate or Higher Degree \*\*

\* Year of High

School Diploma

\*\*Year Degree

Conferred

Enter Appropriate  
Number in Box
**10 HIGH SCHOOL LAST ATTENDED**

\_\_\_ 433395 Live Oak

\_\_\_ 433448 Central

\_\_\_ 433061 El Portal

\_\_\_ 433283 Gilroy

\_\_\_ 433485 Mt. Madonna

\_\_\_ 353700 San Benito

\_\_\_ 353650 San Benito Evening

\_\_\_ 353002 San Andreas Contin.

\_\_\_ 353006 Anzar

\_\_\_ 433008 Gunderson

\_\_\_ 433299 Hill (Andrew)

\_\_\_ 433352 Leland

\_\_\_ 433363 Lick (James)

\_\_\_ 273317 North Salinas

\_\_\_ 274405 Notre Dame (Salinas)

\_\_\_ 433520 Oak Grove

\_\_\_ 433542 Overfelt

\_\_\_ 274413 Palma

\_\_\_ 273455 Salinas

\_\_\_ 433002 Sta Teresa

\_\_\_ 433790 Silver Creek

\_\_\_ 443790 Watsonville

\_\_\_ 433895 Willow Glen

\_\_\_ 010236 Ann Sobrato

Name &amp; Location of High School if Not Listed Above

name

city

state

**11 MAJOR**

Major AA AS Certificate

**12 DIRECTORY INFORMATION**No personal data other than directory information  
will be released without your written consent.**13 COLLEGES ATTENDED** (List last college attended first)

College:

City

State

Dates: from

to

College:

City

State

Dates: from

to



# STATEMENT OF LEGAL RESIDENCE

Name \_\_\_\_\_ Gavilan ID# \_\_\_\_\_

Address \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

## PART A

### To Be Completed By All Applicants

Have you lived in California for the past two years?

**Yes** \_\_\_\_\_ If you answered "Yes" and you are unmarried and under the age of 19, go to **Part B**, otherwise, skip to Part D.

**No** \_\_\_\_\_ If you answered "No", complete the following:

- Date present stay in California began \_\_\_\_\_
- Do you intend California to be your permanent residence? Yes \_\_\_\_ No \_\_\_\_
- Did you file California State Income Tax for the last two years? Yes \_\_\_\_ No \_\_\_\_
- Are you a public school credentialed employee? Yes \_\_\_\_ No \_\_\_\_
- Are you a seasonal agricultural employee or dependent? Yes \_\_\_\_ No \_\_\_\_

• Drivers License or ID Card? State: \_\_\_\_\_ Date Issued: \_\_\_\_\_

• Registered to Vote? State: \_\_\_\_\_ Date Registered: \_\_\_\_\_

• Vehicle Registration? State: \_\_\_\_\_ Date Issued: \_\_\_\_\_

• Other Proof of Residency in California \_\_\_\_\_

• List states lived in for the last two years and the dates:

State: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

State: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

## PART B

### To Be Completed About Your Parents or Legal Guardian If You Are UNMARRIED and UNDER the AGE OF 19

I have lived continuously for the past two years with one or both of my parents and he/she/they have lived continuously for the past two years at the California address noted below:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Yes** \_\_\_\_\_ If "Yes", Check one: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Legal Guardian \_\_\_\_\_

**No** \_\_\_\_\_ If "No" and you wish to be considered a California resident, please complete the following about your parent(s) or legal guardian:

• Did they file California State Income Tax the last two years? Yes \_\_\_\_ No \_\_\_\_

• Does he/she/they have any of the following?

• Driver's License or ID card State: \_\_\_\_\_ Date Issued: \_\_\_\_\_

• Vehicle Registration? State: \_\_\_\_\_ Date Issued: \_\_\_\_\_

• Voter Registration? State: \_\_\_\_\_ Date Registered: \_\_\_\_\_

• Other Proof of Residency in California \_\_\_\_\_

## PART C

### To Be Completed by Active Military Persons, Dependents, or Veterans Discharged Within the Last Year

• Are you a member of the military? Yes \_\_\_\_ No \_\_\_\_

• Are you a dependent of an active military person? Yes \_\_\_\_ No \_\_\_\_

• When did your or your sponsor's tour begin in California? \_\_\_\_\_

• 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 the assignment to California is not for educational purposes. Dependents must also provide a letter stating that they are the dependent of a military person for the purposes of Federal Tax exemption.

## PART D

### To Be Signed by All Applicants

I declare under penalty of perjury that the statements submitted by me in connection with this application and for determination of residency are true and correct. All materials submitted by me for purposes of admission become the property of Gavilan College. I understand that falsification, withholding pertinent data, or failure to report changes in residence may result in my dismissal from the College.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

10/08-A&R



# • GAVILAN COLLEGE / HIGH SCHOOL CONTRACT FORM •

## PLEASE READ CAREFULLY BEFORE PROCEEDING

✓ Gavilan College accepts high school students whose cumulative grade point average is at least 2.00 for advanced (transfer level courses numbered 1-99) vocational, or physical education courses for the Fall and Spring Semesters. High School students may enroll for courses (numbered 1-499) during the summer session.

✓ A Gavilan application, placement assessment scores and current transcripts from the student's school are required before this form can be reviewed by a Gavilan counselor.

✓ Students may enroll for a maximum of six units fall and spring semester, four units for summer.

✓ All course prerequisites are applicable.

✓ All credit earned at Gavilan College is "college" credit.

✓ A transcript of work completed at Gavilan will be sent to the recommending school at the end of the semester.

✓ High School contract students pay the per unit fee and provide their own texts and instructional supplies.

✓ All students shall conform to the college's academic rules, regulations, and codes of conduct.

Student's Name \_\_\_\_\_ Security Number \_\_\_\_\_  
LAST FIRST M.I.

Mailing Address \_\_\_\_\_  
STREET CITY STATE ZIP

Tel # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

Semester for which student is applying: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ 200 \_\_\_\_\_

### • The Student's School Counselor/Designated School Official Recommends These Courses •

Specify recommended courses and units (Enrollment limited to courses numbered 1-99 except during the summer)

_____	_____
_____	_____

### • Recommendations (Parent/Guardian, High School Official and Gavilan Counselor) •

1) Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

In an emergency, contact \_\_\_\_\_  
NAME TEL. #

2) Signature of Recommending School Official \_\_\_\_\_ Date \_\_\_\_\_

Name and Address of Recommending School \_\_\_\_\_  
 \_\_\_\_\_

The recommendation of the school official signifies that the student is in good standing at his/her school, has a cumulative grade point average of at least 2.00, is eligible for continued enrollment, and has the ability and maturity to benefit from college-level instruction. A current transcript of the student's coursework must accompany this form.

2a) District Verification of "Home School" registration \_\_\_\_\_

### 3) The signature of a Gavilan Counselor verifies the following:

- ☐ The placement assessment was completed on (date) \_\_\_\_\_
- ☐ English Score \_\_\_\_\_ Math Score \_\_\_\_\_ DRC exemption? \_\_\_\_\_
- ☐ The recommended course is numbered 0 - 99 (summer term exempted).
- ☐ A current transcript from the student's school is attached and the student is in good standing.
- ☐ The cumulative high school grade point average is \_\_\_\_\_ (2.0 minimum required)

Gavilan College Counselor \_\_\_\_\_ Date \_\_\_\_\_