

**1 NAME** (As you wish it to appear on your records )  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Gavilan ID # **G00**  
 Current Mailing Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Name on Previous Gavilan Records: \_\_\_\_\_  
 Cell 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 Number in Box   
 6. Other (specify) \_\_\_\_\_

**5 MARITAL STATUS**  
 Unmarried \_\_\_\_\_  
 Married \_\_\_\_\_  
 Decline to State \_\_\_\_\_

**6 PREDOMINANT ETHNIC BACKGROUND**

B. African-American, Non-Hispanic	AJ Japanese	PS Samoan
N. American Indian, Alaskan Native	AK Korean	HS South American
AI Asian Islander	AL Laotian	AV Vietnamese
AM Cambodian	HM Mexican, Mexican American, Chicano	W. White, Non-Hispanic
HR Central American	AX Other Asian	XD Decline to State
AC Chinese	HX Other Hispanic	Enter Appropriate Code in Box <input type="text"/>
F. Filipino	O. Other Non-White	
PG Guanamanian	PX Other Pacific Islander	
PH Hawaiian		

**7 STUDENT TYPE**  
 1 NEW, never attended any college  
 2 NEW TRANSFER, attended college other than Gavilan  
 3 RETURNING, last attended Gavilan but not last semester. Date of last attendance at Gavilan: \_\_\_\_\_  
 Semester \_\_\_\_\_ Enter Appropriate Number in Box   
 Year \_\_\_\_\_

**8 EDUCATIONAL GOALS**

1 Personal Interest, not for employment	7 Discover/Formulate Career Interests, Plans, Goals	Enter Appropriate Number in Box <input type="text"/>
2 Transfer to a 4-year College WITH AA, AS Degree	8 Job Skills, to Prepare for a New Job/Career	
3 Transfer to a 4-year College WITHOUT AA, AS Degree	9 Enhance Present Job Skills	
4 Associate Degree, General Education	10 Maintain Certificate or License (e.g., Nursing)	
5 Associate Degree, Vocational	11 Improve Basic Skills in English, Reading, or Math	
6 Vocational Certificate	12 Complete Credits for High School Diploma or GED	

**9 STUDENT EDUCATION LEVEL** (Highest level of education )

1 Not a graduate of, and no longer in high school	7 Foreign High School Graduate	Enter Appropriate Number in Box <input type="text"/>
2 High school student (currently enrolled in grades 9-12)	8 Received an Associate Degree	
3 Currently Enrolled in Adult School	9 Received a Baccalaureate or Higher Degree **	
4 Received High School Diploma *	* Year of High School Diploma <input type="text"/>	**Year Degree Conferred <input type="text"/>
5 Received GED or Certificate of Equivalency/Completion		
6 Received Certificate or High School Proficiency Exam		

**10 HIGH SCHOOL LAST ATTENDED**

___ 433395 Live Oak	___ Christopher High	___ 433352 Leland	___ 274413 Palma
___ 433448 Central	___ 011449 TJ Owens (GECA)	___ 433363 Lick (James)	___ 273455 Salinas
___ 433061 El Portal	___ 353002 San Andreas Contin.	___ 273317 North Salinas	___ 433002 Sta Teresa
___ 433283 Gilroy	___ 353006 Anzar	___ 274405 Notre Dame (Salinas)	___ 433790 Silver Creek
___ 433485 Mt. Madonna	___ 433008 Gunderson	___ 433520 Oak Grove	___ 443790 Watsonville
___ 353700 San Benito	___ 433299 Hill (Andrew)	___ 433542 Overfelt	___ 433895 Willow Glen
___ 353650 San Benito Evening			

Name & Location of High School if Not Listed Above \_\_\_\_\_ name \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_

**11 MAJOR** \_\_\_\_\_ AA  AS  Certificate   
**12 DIRECTORY INFORMATION**  
 No personal data other than directory information will be released without your written consent.

**13 ETHNICITY**  
 \_\_\_ Not Hispanic or Latino \_\_\_ Hispanic or Latino \_\_\_ None

**14 COLLEGES ATTENDED (List last college attended first)**

College: \_\_\_\_\_ Dates: from \_\_\_\_\_ to \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_

College: \_\_\_\_\_ Dates: from \_\_\_\_\_ to \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_

# STATEMENT OF LEGAL RESIDENCE

Name \_\_\_\_\_ Gavilan ID# G00  
Last First Middle Initial  
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 \_\_\_
- Do(es) 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 \_\_\_\_\_

11/09-A&R



## INTERCOLLEGIATE ATHLETICS INTEREST FORM

Gavilan College is a member institution of the California Community College Athletic Association and competes in the Coast Conference. If you have an interest in participating as a student-athlete, please complete the following information. A representative from the athletic department will contact you. You may also visit our website at [www.gavilan.edu/athletics](http://www.gavilan.edu/athletics) for more information.

Name \_\_\_\_\_  Male  Female Year & Term \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

High School Attended \_\_\_\_\_ Year Graduated \_\_\_\_\_

Other Colleges Attended/Year \_\_\_\_\_

I am interested in participating in the following intercollegiate sports at Gavilan College:  
Please mark all that apply: (M) indicates men's team; (W) indicates women's team.

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Badminton (W)     | <input type="checkbox"/> Baseball          | <input type="checkbox"/> Basketball (M) | <input type="checkbox"/> Basketball (W) |
| <input type="checkbox"/> Cross Country (M) | <input type="checkbox"/> Cross Country (W) | <input type="checkbox"/> Football       | <input type="checkbox"/> Golf (M)       |
| <input type="checkbox"/> Golf (W)          | <input type="checkbox"/> Soccer (M)        | <input type="checkbox"/> Soccer (W)     | <input type="checkbox"/> Softball       |
| <input type="checkbox"/> Swimming (M)      | <input type="checkbox"/> Swimming (W)      | <input type="checkbox"/> Tennis (M)     | <input type="checkbox"/> Tennis (W)     |
| <input type="checkbox"/> Track & Field (M) | <input type="checkbox"/> Track & Field (W) | <input type="checkbox"/> Volleyball (M) | <input type="checkbox"/> Volleyball (W) |
| <input type="checkbox"/> Water Polo (M)    | <input type="checkbox"/> Water Polo (W)    | <input type="checkbox"/> Wrestling      |   |

## Gavilan College

Office of Admissions and Records  
5055 Santa Teresa Blvd Gilroy CA 95020  
[www.gavilan.edu](http://www.gavilan.edu)  
408 848 4735  
fax 408 846 4940

### Educational Support Services for Students with Disabilities

If you would like to be contacted regarding supportive services complete this form and return it to the Disability Resource Center or the Admissions and Records Office at Gavilan College. For more information on available services, contact the Disability Resource Center at 408 848 4865.

Name \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_  
*Street City State Zip Code*

Phone \_\_\_\_\_

Check any of the following that currently apply:

- |  |  |   |   |   |
|--|--|---|---|---|
| <input type="checkbox"/> Deaf or<br>Hard of<br>Hearing | <input type="checkbox"/> Acquired<br>Injury          | <input type="checkbox"/> Low Vision<br>or Blind | <input type="checkbox"/> Developmentally<br>Delayed Learner | <input type="checkbox"/> Learning<br>Disability |
| <input type="checkbox"/> Other<br>Physical             | <input type="checkbox"/> Psychological<br>Impairment | <input type="checkbox"/> Mobility               | <input type="checkbox"/> Other                              |   |

# Gavilan College Majors

Use to complete #11 on the Gavilan College Application.

Degree/Certificate (currently offered)	CP	CA	AA	AS
Administration of Justice				
Law Enforcement Opt 1		<input type="checkbox"/>	<input type="checkbox"/>	
Law Enforcement Opt 2 (Police Acad.)		<input type="checkbox"/>	<input type="checkbox"/>	
Corrections		<input type="checkbox"/>	<input type="checkbox"/>	
Allied Health				
Nursing: Registered Nursing		<input type="checkbox"/>		<input type="checkbox"/>
Art			<input type="checkbox"/>	
Aviation Maintenance Technology		<input type="checkbox"/>		<input type="checkbox"/>
Airframe		<input type="checkbox"/>		
Powerplant		<input type="checkbox"/>		
Biological Science				<input type="checkbox"/>
Biotechnology		<input type="checkbox"/>		
Business				
Accounting		<input type="checkbox"/>	<input type="checkbox"/>	
Business		<input type="checkbox"/>	<input type="checkbox"/>	
Business Computer Applications		<input type="checkbox"/>		
Computerized Accounting	<input type="checkbox"/>			
Economics		<input type="checkbox"/>		<input type="checkbox"/>
General Office Skills		<input type="checkbox"/>	<input type="checkbox"/>	
Medical Office		<input type="checkbox"/>	<input type="checkbox"/>	
Real Estate		<input type="checkbox"/>	<input type="checkbox"/>	
Retail Management		<input type="checkbox"/>	<input type="checkbox"/>	
Carpentry Apprenticeship		<input type="checkbox"/>	<input type="checkbox"/>	
Child Development			<input type="checkbox"/>	
Early Childhood Education		<input type="checkbox"/>		
Early Interventionist		<input type="checkbox"/>		
Family Child Care		<input type="checkbox"/>		
School Age Child Care		<input type="checkbox"/>		
Span Lang Early Childhood Education	<input type="checkbox"/>			
Communication Studies		<input type="checkbox"/>	<input type="checkbox"/>	
Interpersonal Communication		<input type="checkbox"/>		
Computer Graphics & Design				
Adv. Technical Computer Graphics		<input type="checkbox"/>		<input type="checkbox"/>
Comp. Graphic/Environ. Design		<input type="checkbox"/>		<input type="checkbox"/>
Tech. Desktop Publish & Graphics		<input type="checkbox"/>		<input type="checkbox"/>
Computer Science & Info. Systems				
Business Computer Applications		<input type="checkbox"/>		<input type="checkbox"/>
Comp. Prep for Bioinformatics		<input type="checkbox"/>		<input type="checkbox"/>
Computer Hardware	<input type="checkbox"/>			
Computer Networking	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Computer Programming		<input type="checkbox"/>		<input type="checkbox"/>
Programming for the Internet		<input type="checkbox"/>		<input type="checkbox"/>
Scientific Programming		<input type="checkbox"/>		<input type="checkbox"/>
UNIX Operating System		<input type="checkbox"/>		<input type="checkbox"/>
Cosmetology		<input type="checkbox"/>		<input type="checkbox"/>
Esthetician		<input type="checkbox"/>		
Digital Media				

\* Low unit CA is pending Chancellor's Office approval. If not approved a CP will be awarded.

Degree/Certificate (currently offered)	CP	CA	AA	AS
Digital Art & Imaging		<input type="checkbox"/>	<input type="checkbox"/>	
Digital Audio/Video		<input type="checkbox"/>	<input type="checkbox"/>	
Interactive Media and Authoring		<input type="checkbox"/>	<input type="checkbox"/>	
Digital imaging/Graphics Prod.	<input type="checkbox"/>			
Digital Print Production	<input type="checkbox"/>			
Digital Video Editor Specialist	<input type="checkbox"/>			
Web Page Production Specialist	<input type="checkbox"/>			
Drywall/Lathing Apprenticeship		<input type="checkbox"/>	<input type="checkbox"/>	
English as a Second Language (ESL)				
ESL Intermediate Level	<input type="checkbox"/>			
ESL Advanced Level	<input type="checkbox"/>			
Engineering: see Physical Sci. & Engr.				
Fine Arts, General			<input type="checkbox"/>	
General Education				
CSU General Education Pattern		<input type="checkbox"/>		
IGETC		<input type="checkbox"/>		
Health Science				<input type="checkbox"/>
Liberal Arts				
Administration of Justice			<input type="checkbox"/>	
Business			<input type="checkbox"/>	
Computer Science & Info. Systems			<input type="checkbox"/>	
Elementary Education			<input type="checkbox"/>	
Expressive Arts			<input type="checkbox"/>	
Language Arts & Humanities			<input type="checkbox"/>	
Natural Science			<input type="checkbox"/>	
Social Science			<input type="checkbox"/>	
Multiple Subjects			<input type="checkbox"/>	
Mathematics				<input type="checkbox"/>
Media Arts				
Broadcast Television		<input type="checkbox"/> *	<input type="checkbox"/>	
Journalism			<input type="checkbox"/>	
Music			<input type="checkbox"/>	
Philosophy	<input type="checkbox"/>			
Physical Education				
Education Option			<input type="checkbox"/>	
Sports Management Option			<input type="checkbox"/>	
Sports Medicine Option			<input type="checkbox"/>	
Physical Science & Engineering				<input type="checkbox"/>
Physical Sci. & Engineering: Gen. Engr.				<input type="checkbox"/>
Social Science				
Community Studies Emphasis		<input type="checkbox"/>	<input type="checkbox"/>	
Global Studies Emphasis			<input type="checkbox"/>	
Spanish				
Non-Native Spkr. - Opt. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Native Speakers Option 4 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Theatre Arts				
Acting			<input type="checkbox"/>	
Technical Production			<input type="checkbox"/>	
Television Performance		<input type="checkbox"/> *	<input type="checkbox"/>	