

Sacramento Regional Public Safety Training Center-American River College- UC Davis Fire Department

PLEASE PRINT. COMPLETE ALL SECTIONS ON THE FRONT AND REVERSE SIDE OF THIS APPLICATION.

Last Name: _____ First Name: _____ M.I.: _____
SSN: _____ (OR) Los Rios Student ID#: _____ Gender (circle one): M F
Citizenship: US Citizen* (OR) Permanent Alien Resident # _____ Student Visa _____
Issue Date: ____/____/____ Country of Origin _____ Primary Language: _____ Ethnicity: _____
Date of Birth: ____/____/____ Previous last names: _____

I DECLARE under penalty of perjury that the statements and information submitted on this application are true and correct.
I UNDERSTAND that falsification, withholding pertinent data or failure to report a change in residency may result in my dismissal.
I UNDERSTAND that all materials and information submitted by me for purposes of enrollment become LRCCD property and part of my official college record.
I UNDERSTAND AND ACCEPT that by providing my signature and today's date, I acknowledge my agreement with the acceptance of these four statements.

SIGNATURE: _____ **DATE:** _____

Mailing Address: _____ Apt. # _____
City: _____ State: _____ Zip Code: _____
Phone Number: (day) (____) _____; (evening) (____) _____; (Cell) (____) _____ Text: Y/N
Permanent Address (if different from mailing address): _____ Apt. # _____
City: _____ State: _____ Zip Code: _____
Semester: Spring _____ Summer _____ Fall _____ Year _____ Major: _____

ENROLLMENT STATUS (Please check one)

- _____ NEW-Never before earned college units
- _____ NEW-Earned college units while in HIGH SCHOOL
- _____ NEW TRANSFER-Former student at another college or university (including graduates)
- _____ RETURNING-Returned after an absence; did not attend another college since leaving
- _____ RETURNING TRANSFER-Former student at this college; also attended another college or university
- _____ AE-Currently enrolled in High School

RESIDENCY INFORMATION - NOT OPTIONAL/ MUST COMPLETE

What date did your present stay in California begin: ____/____/____

*****if you have resided in California for less than 2 years and will be employed as a California Peace Officer, please see an American River College Representative**

PRIOR EDUCATION AND CURRENT PLANS

What is your educational goal? (circle one) 1 Acquire Job Skills 2 Associate Degree, General Ed.(non-transfer) 3 Certificate in Vocational Program 4 Complete credits for H. S. Diploma 5 Current 4-year College Student Meeting 4-Year College Requirement 6 Associate Degree, Vocational(non-transfer) 7 Discover Career interests, Plans, Goals 8 Educational Development 9 Improve Basic Skills in English, Reading or Math 10 Maintain Certificate or License (nursing) 11 Transfer to 4-Year College with Assoc. Degree 12 Transfer to 4-year College without Assoc. Degree 13 Upgrade Job Skills 14 Undecided	Please estimate the time that it will take to complete your goal: (circle one) 1 One semester or less 2 Two semesters (one year) 3 Three semesters 4 Four semesters (two years) 5 Six semesters (three years) 6 More than three years 7 Unknown	What is the highest education level you have completed? (circle one) 1 Have not obtained H. S. Diploma 2 High School Diploma 3 Certificate of Completion 4 Certificate of equivalency 5 G. E. D. 6 California H.S. proficiency exam 7 Foreign secondary school diploma/certificate 8 Associate Degree 9 Baccalaureate degree or higher 10 Degree from outside U. S. Please enter the year when your Diploma, Certificate or Degree was awarded: _____
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HIGH SCHOOL INFORMATION (answer only if you are 25 or younger)

Where did you last attend high school? <i>(circle one)</i> 1 California 2 Another state 3 Outside the U. S. 4 I did not attend high school	California High School Students ONLY Name of School _____ City _____	High School Graduation date: Month _____ Year _____	Please indicate GPA: <i>(check one)</i> <input type="checkbox"/> 1.99 or below (low C or below) <input type="checkbox"/> 2.00 – 2.49 (C) <input type="checkbox"/> 2.50– 2.91 (high C) <input type="checkbox"/> 3.00 – 3.49 (B) <input type="checkbox"/> 3.50 – 4.00 (high B and above) <input type="checkbox"/> N/A
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COLLEGE ATTENDANCE (if you graduated from or attended college)

College: _____ Date last attended: _____

City: _____ State: _____

Approx. # of units: _____ Degree? _____

ADDITIONAL APPLICANT INFORMATION

All of the remaining questions are required for federal and state reporting and to provide additional services for students.

What are your expected hours of employment per week during this semester? _____

What is your Gross Annual Household Income? *(Please include all members of your household)* \$ _____

How many individuals are in your household? _____

What is the highest education level each of your parents achieved? Mother _____ Father _____

PLEASE RESPOND

YES NO

Are you enrolled in adult school?		
Are you enrolled in the Workforce Investment Act Program (WIA)?		
Are you enrolled in fewer than six semester units?		
Are you currently enrolled in another college in addition to the Los Rios college system?		
Do you have a degree Objective or Occupational Objective?		
Are you currently receiving TANF/Cal-Works?		
Are you currently receiving SSI?		
Are you currently benefits from General Assistance?		
Are you a single parent with custody of a minor child?		
Are you a displaced homemaker?		
If you desire information about or have a need of any College Program Services, please circle each one: Financial Aid Health Services DSPS Child care Learning Disabilities Transfer Services Job Placement Basic Skills Athletics/Intercollegiate Sports Tutoring/Supplemental Instruction ESL Career planning services EOPS Veteran's Services Re-Entry Services Associated Student Government Work Experience/Internships		