



Gavilan College / South Bay Regional Public Safety Training Consortium
SPECIAL SHORT APPLICATION
APPLICATION FOR ADMISSION

TERM FOR WHICH YOU ARE APPLYING:

- SUMMER
 FALL/WINTER
 SPRING

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

1 POST ID	2 PLACE OF BIRTH	3 BIRTHDATE	4 GENDER																								
5 LAST NAME		6 FIRST NAME																									
7 MIDDLE																											
6 ETHNIC BACKGROUND (INDICATE NUMBER IN BOX)																											
<table style="width:100%; font-size: small;"> <tr> <td><input type="checkbox"/> 10. White, Non-Hispanic</td> <td><input type="checkbox"/> 24. Laotian</td> <td><input type="checkbox"/> 28. Other Asian</td> <td><input type="checkbox"/> 43. South American</td> <td><input type="checkbox"/> 62. Hawaiian</td> <td><input type="checkbox"/> 80. Other, Non-White</td> </tr> <tr> <td><input type="checkbox"/> 21. Chinese</td> <td><input type="checkbox"/> 25. Cambodian</td> <td><input type="checkbox"/> 30. Black, Non-Hispanic</td> <td><input type="checkbox"/> 44. Other Hispanic</td> <td><input type="checkbox"/> 63. Samoan</td> <td><input type="checkbox"/> 99. Decline to State</td> </tr> <tr> <td><input type="checkbox"/> 22. Japanese</td> <td><input type="checkbox"/> 26. Vietnamese</td> <td><input type="checkbox"/> 41. Mexican</td> <td><input type="checkbox"/> 50. American Indian, Alaskan</td> <td><input type="checkbox"/> 64. Other Pacific Islander</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 23. Korean</td> <td><input type="checkbox"/> 27. Indian Subcontinent</td> <td><input type="checkbox"/> 42. Central America</td> <td><input type="checkbox"/> 61. Guamanian</td> <td><input type="checkbox"/> 70. Filipino</td> <td></td> </tr> </table>				<input type="checkbox"/> 10. White, Non-Hispanic	<input type="checkbox"/> 24. Laotian	<input type="checkbox"/> 28. Other Asian	<input type="checkbox"/> 43. South American	<input type="checkbox"/> 62. Hawaiian	<input type="checkbox"/> 80. Other, Non-White	<input type="checkbox"/> 21. Chinese	<input type="checkbox"/> 25. Cambodian	<input type="checkbox"/> 30. Black, Non-Hispanic	<input type="checkbox"/> 44. Other Hispanic	<input type="checkbox"/> 63. Samoan	<input type="checkbox"/> 99. Decline to State	<input type="checkbox"/> 22. Japanese	<input type="checkbox"/> 26. Vietnamese	<input type="checkbox"/> 41. Mexican	<input type="checkbox"/> 50. American Indian, Alaskan	<input type="checkbox"/> 64. Other Pacific Islander		<input type="checkbox"/> 23. Korean	<input type="checkbox"/> 27. Indian Subcontinent	<input type="checkbox"/> 42. Central America	<input type="checkbox"/> 61. Guamanian	<input type="checkbox"/> 70. Filipino	
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7 EMAIL ADDRESS (IF ANY)																											
ADDRESS																											
8 NUMBER AND STREET			9 DAYTIME PHONE																								
10 CITY	11 STATE	12 ZIP CODE	13 EVENING PHONE																								
RESIDENCY AND CITIZENSHIP																											
9 IS ENGLISH YOUR PRIMARY LANGUAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		10 ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO																									
COMPLETE THE FOLLOWING SECTION IF NOT A U.S. CITIZEN																											
11 RESIDENT STATUS (INDICATE NUMBER IN BOX)		DATE OF ISSUE OF VISA																									
<input type="checkbox"/> 1. Temporary Resident (INS # _____) <input type="checkbox"/> 2. Permanent Resident (INS # _____) <input type="checkbox"/> 3. Temporary Resident (INS # _____) <input type="checkbox"/> 4. Amnesty		<input type="checkbox"/> 5. Refugee/Asylee <input type="checkbox"/> 6. Student Visa Status (F-1 or M-1) <input type="checkbox"/> 7. Other Status (Specify _____)																									
COUNTRY OF CITIZENSHIP		PORT OF ENTRY	VISA EXPIRATION DATE																								
12 HAVE YOU LIVED IN CALIFORNIA FOR MORE THAN TWO YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO		13 DATE CURRENT STAY IN CALIFORNIA BEGAN																									
COMPLETE THE FOLLOWING SECTION IF YOU HAVE NOT LIVED IN CALIFORNIA FOR MORE THAN TWO YEARS																											
14 DO YOU INTEND FOR CA. TO BE YOUR PERM. RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		15 DID YOU FILE CA. INCOME TAX LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO																									
16 HAVE YOU PETITIONED FOR DIVORCE IN ANOTHER STATE IN THE LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO																											
17 HAVE YOU ATTENDED AN OUT-OF-STATE COLLEGE OR UNIVERSITY IN THE LAST YEAR AS A RESIDENT OF THAT STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO																											
18 DRIVER'S LICENSE OR I.D. STATE	DATE ISSUED	VEHICLE REGIST. STATE	DATE ISSUED																								
VOTER REGIST. STATE		DATE ISSUED																									
19 LIST STATES YOU HAVE LIVED IN THE PAST TWO YEARS		FROM	TO																								
		FROM	TO																								
EDUCATION																											
20 HIGHEST EDUCATIONAL LEVEL COMPLETED (INDICATE NUMBER IN BOX)		YEAR AWARDED																									
<input type="checkbox"/> 1. Not a graduate of High School <input type="checkbox"/> 2. Received High School Diploma <input type="checkbox"/> 3. GED or Cert. of Equivalency		<input type="checkbox"/> 4. Cert. of High School Proficiency <input type="checkbox"/> 5. Foreign High School Graduate <input type="checkbox"/> 6. Received Associate Degree <input type="checkbox"/> 7. Received Baccalaureate Degree <input type="checkbox"/> 8. Higher Degree																									
21 EDUCATIONAL GOAL (INDICATE NUMBER IN BOX)																											
<input type="checkbox"/> 1. Personal Interest <input type="checkbox"/> 2. Transfer to College w/Associate Deg. <input type="checkbox"/> 3. Transfer to College w/o Associate Deg.		<input type="checkbox"/> 4. Obtain an Associate Degree <input type="checkbox"/> 5. Vocational Certificate <input type="checkbox"/> 6. Discover career interests <input type="checkbox"/> 7. Prepare for a new career <input type="checkbox"/> 8. Advance in current career <input type="checkbox"/> 9. Maintain certificate/license <input type="checkbox"/> 10. Educational development <input type="checkbox"/> 11. Improve English, reading, math <input type="checkbox"/> 12. Complete credits for high school																									
22 LAST HIGH SCHOOL ATTENDED		23 CITY, COUNTY AND/OR STATE																									
		24 YEAR																									
25 LAST COLLEGE ATTENDED		26 CITY, COUNTY AND/OR STATE																									
		27 YEAR																									
24 WHAT IS YOUR COLLEGE MAJOR?																											
25 HOW MANY HOURS DO YOU PLAN TO WORK PER WEEK?		26 ARE YOU A VETERAN OF THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO																									
27 CAN WE RELEASE PERSONAL INFORMATION WITHOUT YOUR CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> 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.

STUDENT SIGNATURE

DATE