



You Must Complete ALL Items

OFFICE USE ONLY

(1) LEGAL NAME – LAST _____ FIRST NAME _____ MIDDLE INITIAL _____

NAME USED ON PREVIOUS ACADEMIC RECORDS _____ PHONE# _____

CURRENT ADDRESS _____ EMAIL _____

COUNTY _____ CITY _____ STATE _____ ZIP CODE _____

(2) SOCIAL SECURITY NUMBER ____ - ____ - ____ (3) PLACE OF BIRTH (STATE OR COUNTRY) _____

BIRTHDATE (MO/DAY/YEAR) _____ (4) SEX ___ MALE ___ FEMALE

(5) I AM A U.S. CITIZEN ___ YES ___ NO (If not a U.S. citizen indicate status, check the appropriate line)

___ Permanent Resident (Alien Number) _____ Refugee/Asylee/Amnesty Recipient/Parolee

___ Student Visa F-1 ___ Other Specify _____ Date I-94 expires _____

(6) ETHNIC BACKGROUND ARE YOU HISPANIC OR LATINO ___ YES ___ NO

WHAT IS YOUR RACE/ETHNICITY? CHECK ALL THAT APPLY

___ MEXICAN, MEXICAN AMERICAN CHICANO (HM) ___ CENTRAL AMERICAN (HR) ___ SOUTH AMERICAN (HS)
 ___ HISPANIC: OTHER (HX) ___ ASIAN: Cambodian (AC) ___ ASIAN: CHINESE (AS) ___ ASIAN: INDIAN (AI)
 ___ ASIAN JAPANESE (AJ) ___ ASIAN KOREAN (AK) ___ ASIAN VIETNAMESE (AV) ___ ASIAN OTHER (AX)
 ___ FILIPINO (F) ___ BLACK OR AFRICAN AMERICAN (B) ___ AMERICAN INDIAN/ALASKAN NATIVE (AN)
 ___ PACIFIC ISLANDER GUAMANIAN (PG) ___ PACIFIC ISLANDER HAWAIIAN (PH) ___ PACIFIC ISLANDER SAMOAN (PS)
 ___ PACIFIC ISLANDER OTHER (PX) ___ WHITE (W) ___ DECLINE TO STATE (X)
 ___ ASIAN LAOTIAN (AL)

(7) ENROLLMENT STATUS CHECK THE ONE THAT APPLIES

___ NEW (NEVER ATTENDED ANY COLLEGE)
 ___ NEW TRANSFER (ATTENDED COLLEGE BUT NOT SHASTA COLLEGE)
 ___ RETURNING TRANSFER (ATTENDED SHASTA COLLEGE, BUT LAST ATTENDED ANOTHER COLLEGE)
 ___ RETURNING (ATTENDED SHASTA COLLEGE, BUT NOT LAST SEMESTER)
 ___ CONTINUING (ENROLLED IN SHASTA COLLEGE LAST SEMESTER)

(8) STUDENT EDUCATION STATUS (PLEASE CHOOSE ONE)

___ HIGH SCHOOL ENRICHMENT STUDENT (GRADES 9-10) ___ HIGH SCHOOL ENRICHMENT STUDENT (GRADES 11-12)
 ___ NOT A GRADUATE OF, AND NO LONGER IN HIGH SCHOOL ___ RECEIVED HIGH SCHOOL DIPLOMA
 ___ RECEIVED GED OR CERTIFICATE OF EQUIVALENCY/COMPLETION ___ FOREIGN HIGH SCHOOL GRADUATE
 ___ RECEIVED CERTIFICATE OF HIGH SCHOOL PROFICIENCY EXAM ___ RECEIVED AN ASSOCIATE DEGREE
 ___ RECEIVED A BACHELOR DEGREE OR HIGHER

YEAR DIPLOMA OR DEGREE RECEIVED _____

ARE YOU INTERESTED IN COMPETING IN INTERCOLLEGIATE ATHLETICS? ___ YES ___ NO

(9) EDUCATIONAL GOALS (PLEASE CHOOSE ONE)

___ OBTAIN AN AA/AS AND TRANSFER TO A 4-YEAR INSTITUTION ___ TRANSFER TO 4-YEAR INSTITUTION WITHOUT AN AA DEGREE
 ___ OBTAIN AN AA WITHOUT TRANSFER ___ OBTAIN AN AS VOCATIONAL DEGREE WITHOUT TRANSFER
 ___ EARN A VOCATIONAL CERTIFICATE WITHOUT TRANSFER ___ DISCOVER/FORMULATE CAREER INTERESTS, PLANS GOALS

- ☐ PREPARE FOR A NEW CAREER (ACQUIRE JOB SKILLS) ☐ ADVANCE IN CURRENT JOB/CAREER (UPDATE JOB SKILLS)
☐ MAINTAIN CERTIFICATE OR LICENSE ☐ EDUCATIONAL DEVELOPMENT
☐ IMPROVE BASIC SKILLS ☐ COMPLETE CREDITS FOR HIGH SCHOOL DIPLOMA OR GED
☐ UNDECIDED ON GOAL
☐ TO MOVE FROM NONCREDIT COURSE WORK TO CREDIT COURSEWORK
☐ 4-YEAR COLLEGE STUDENT TAKING COURSES TO MEET 4-YEAR COLLEGE REQUIREMENTS

(10) HIGH SCHOOL ATTENDING CHOOSE ONE FROM WHICH YOU GRADUATED, ATTENDED WITHOUT GRADUATION OR ARE CURRENTLY ATTENDING

- | | | |
|---|---|---|
| <input type="checkbox"/> ALPS VIEW 533001 | <input type="checkbox"/> AMERICAN CHRISTIAN (ANDERSON) 705727 | <input type="checkbox"/> ANDERSON HIGH SCHOOL 453080 |
| <input type="checkbox"/> ANDERSON NEW TECH 453033 | <input type="checkbox"/> BISHOP QUIN 709087 | <input type="checkbox"/> BURNEY HIGH SCHOOL 453100 |
| <input type="checkbox"/> CENTENNIAL HIGH CORNING 523167 | <input type="checkbox"/> CENTRAL VALLEY SHASTA LAKE 453190 | <input type="checkbox"/> CORNING HIGH 523170 |
| <input type="checkbox"/> DUNSMUIR HIGH 473270 | <input type="checkbox"/> ENTERPRISE HIGH 453275 | <input type="checkbox"/> FALL RIVER JR/SR HIGH 453360 |
| <input type="checkbox"/> FOOTHILL HIGH 453004 | <input type="checkbox"/> HAYFORK HIGH 533740 | <input type="checkbox"/> HOOPA VALLEY HIGH 123400 |
| <input type="checkbox"/> LASSEN HIGH SUSANVILLE 183380 | <input type="checkbox"/> LIBERTY CHRISTIAN HIGH 454002 | <input type="checkbox"/> LOS MOLINOS HIGH 523510 |
| <input type="checkbox"/> MCKINLEYVILLE HIGH 123520 | <input type="checkbox"/> MERCY HIGH RED BLUFF 5254590 | <input type="checkbox"/> MODOC CHARTER HIGH 253012 |
| <input type="checkbox"/> MT. LAKE HIGH 453007 | <input type="checkbox"/> MT. SHASTA HIGH 473540 | <input type="checkbox"/> NORTH STATE INDEPENDENCE. 453030 |
| <input type="checkbox"/> NO. VALLEY CHRISTIAN 699382 | <input type="checkbox"/> NO. VALLEY HIGH 453076 | <input type="checkbox"/> OAKVIEW HIGH 453005 |
| <input type="checkbox"/> OROVILLE HIGH 043560 | <input type="checkbox"/> PIONEER HIGH 453020 | <input type="checkbox"/> PLEASANT VALLEY HIGH 043755 |
| <input type="checkbox"/> REDDING ADVENTIST. 698010 | <input type="checkbox"/> RED BLUFF HIGH 523720 | <input type="checkbox"/> SHASTA HIGH SCHOOL 453730 |
| <input type="checkbox"/> SHASTA SECONDARY HOME 453026 | <input type="checkbox"/> TULARE HIGH 543725 | <input type="checkbox"/> TRINITY HIGH SCHOOL 533745 |
| <input type="checkbox"/> WEST VALLEY HIGH 453002 | <input type="checkbox"/> TRINITY HIGH SCHOOL 533745 | <input type="checkbox"/> WEST VALLEY HIGH 453002 |
| <input type="checkbox"/> YREKA HIGH 473920 | <input type="checkbox"/> UNIVERSITY PREP 707585 | <input type="checkbox"/> OUT OF STATE HIGH SCHOOL 6XXXXX |
| <input type="checkbox"/> FOREIGN HIGH SCHOOL 8XXXXX | | |

OTHER HIGH SCHOOL _____ COUNTY _____ STATE _____

DATE OF HIGH SCHOOL START - MONTH _____ YEAR _____ DATE OF GRADUATION OF LAST ATTENDANCE MO _____ YEAR _____

(11) COLLEGE YOU HAVE ATTENDED MOST RECENTLY

COLLEGE _____ CITY _____ STATE _____ DATES _____ TO _____

(12) PROGRAM OF STUDY/MAJOR

(Program of study you intend to pursue at this college _____)

TITLE V OF THE CALIFORNIA ADMINISTRATIVE CODE REQUIRES COMMUNITY COLLEGES TO MAKE A RESIDENCY DETERMINATION FOR EACH STUDENT AT THE TIME OF ADMISSION AND READMISSION (SECTION 54010) BASED UPON THE STUDENT'S RESPONSE TO THE FOLLOWING RESIDENCY QUESTIONS (SECTION 54012)

**STATEMENT OF LEGAL RESIDENCE
PART 1 TO BE COMPLETED BY ALL STUDENTS**

- A** SOCIAL SECURITY NUMBER _____ **B** BIRTHDAY _____
C LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____
D CURRENT ADDRESS (STREET NUMBER (& APT) _____
E COUNTY _____ CITY _____ STATE _____ ZIP CODE _____
F HAVE YOU LIVED IN CALIFORNIA FOR THE LAST 2 YEARS? ____ YES ____ NO ____ (IF YOU ANSWERED YES TO ITEM F AND ARE OVER 19 GO TO PART V; IF YOU ANSWERED YES TO ITEM F, AND ARE 19 OR YOUNGER GO TO PART III; IF YOU ANSWERED NO TO ITEM F, THEN COMPLETE PART II

PART II – TO BE COMPLETED IF YOU ANSWERED “NO” TO PART 1 ITEM F

- DO YOU INTEND CALIFORNIA TO BE YOUR PERMENANT RESIDENCE? ____ YES ____ NO
 DID YOU FILE CALIFORNIA STATE INCOME TAX THE LAST TWO YEARS? ____ YES ____ NO
 ARE YOU A PUBLIC SCHOOL CREDENTIALLED EMPLOYEE? ____ YES ____ NO

PART II CONT.

DRIVER'S LICENSE OR ID CARD _____ STATE _____ DATE ISSUED _____
VEHICLE REGISTRATION _____ STATE _____ DATE ISSUED _____
REGISTERED TO VOTE _____ 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 III

TO BE COMPLETED ABOUT YOUR PARENTS ONLY IF YOU ARE UNMARRIED AND ARE 19 OR YOUNGER

A I HAVE LIVED CONTINUOUSLY FOR THE PAST TWO YEARS WITH ONE OR BOTH OF MY PARENTS ____ YES ____ NO
IF YES CHECK ONE ____ BOTH PARENTS ____ MOTHER ____ FATHER

NAME(S) _____

ADDRESS _____

CITY _____

STATE _____ ZIP CODE _____

IF YOU ANSWERED "NO" TO ITEM A, AND YOU WISH TO BE CONSIDERED A CALIFORNIA RESIDENT, THEN PLEASE COMPLETE THE FOLLOWING:

DID THEY FILE CALIFORNIA STATE INCOME TAX THE LAST TWO YEARS? ____ YES ____ NO

DOES HE/SHE HAVE ANY OF THE FOLLOWING:

DRIVERS LICENSE OR ID CARD _____ STATE _____ DATE ISSUED _____

VEHICLE REGISTRATION _____ STATE _____ DATE ISSUED _____

REGISTERED TO VOTE _____ STATE _____ DATE ISSUED _____

OTHER PROOF OF RESIDENCY IN CALIFORNIA _____

PART IV

TO BE COMPLETED BY ACTIVE MILITARY PERSON, DEPENDENTS, VETERANS DISCHARGED WITHIN THE LAST YEAR

A ARE YOU AN ACTIVE MEMBER OF THE MILITARY ____ YES ____ NO

B ARE YOU A DEPENDENT OF AN ACTIVE MILITARY PERSON ____ YES ____ NO

C WHEN DID YOUR TOUR OR SPONSOR'S TOUR BEGIN IN CALIFORNIA? _____

D 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 THAT ASSIGNMENT TO CALIFORNIA IS NOT FOR EDUCATIONAL PURPOSES, AND THE DATE OF THE ASSIGNMENT TO CALIFORNIA. **DEPENDENTS** MUST ALSO PROVIDE A LETTER THAT THEY ARE A DEPENDENT OF A MILITARY PERSON FOR FEDERAL TAX EXEMPTION.

PART V

TO BE SIGNED BY ALL STUDENT

A I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS SUBMITTED BY ME IN CONNECTION WITH DETERMINATION OF RESIDENCE ARE TRUE AND CORRECT. ALL MATERIALS SUBMITTED BY ME FOR THE PURPOSE OF ADMISSION BECOME THE PROPERTY OF SHASTA COLLEGE. I UNDERSTAND THAT FALSIFICATION, WITHHOLDING PERTINENT DATA, OR FAILURE TO REPORT CHANGES IN RESIDENCE MAY RESULT IN MY DISMISSAL.

STUDENT'S SIGNATURE _____ DATE _____