



Please complete the information below.

First name Last name Middle Initial

Student ID Number Age

Home Address

High School Name

Birth Date Graduation Date
Month Day Year Month Day Year

As of
Semester Year

Please check one educational status:

- | | |
|---|--|
| <input type="checkbox"/> Eamed a U.S. high school diploma | <input type="checkbox"/> Last attended high school in _____ |
| <input type="checkbox"/> Not a high school graduate | <input type="checkbox"/> Passed the California High School Proficiency Certificate |
| <input type="checkbox"/> Currently enrolled in adult school | <input type="checkbox"/> Passed the G.E.D. |

Today's Date Student's Signature

FOR ADMISSIONS AND RECORDS USE ONLY

- | | | |
|--|---|-----------------|
| <input type="checkbox"/> Check complete on the K-12 Checklist | <input type="checkbox"/> Enter Effective End Term (last term dually enrolled) | A&R Staff _____ |
| <input type="checkbox"/> Assign New Student Checklist | <input type="checkbox"/> Inactivate from K-12 student group | Date _____ |
| <input type="checkbox"/> Assign MMAP Checklist (if applicable) | <input type="checkbox"/> Reg. Appointment adjusted (if applicable) | Notes _____ |
| <input type="checkbox"/> Service indicator end date to a day before the Open Enrollment date | <input type="checkbox"/> Residency status review (if applicable) | _____ |