Los Angeles Community College District

CITY / EAST / HARBOR / MISSION / PIERCE / SOUTHWEST / TRADE-TECHNICAL / VALLEY / WEST

APPLICATION FOR ADMISSION

110416v4b

1 Student Identification Number

Leave blank unless you have previously been assigned a Student Identification Number

The social security number will no longer be used as primary student identifier for students per Civil Code 1798.85. Student Information System (SIS) will generate an identification number for each student who is new to LACCD. **Leave blank if you have not been assigned a Student Information Number by the district.**

2 Primary Name

First | Middle | Last | Suffix

List other names you have used. If none, check box: ☐

First | Middle | Last | Suffix

3 Birth Date

Month Day Year

4 Gender

☐ Female ☐ Male

☐ Decline to State

5 Social Security Number / Tax Identification Number

Students are required by law to provide their Social Security Number, which will be used for reporting to the federal government under the Taxpayer Relief Act of 1997 and for financial aid verification. **If you do not have a Social Security Number, or if you do not wish to use it, please leave blank.**

6 Home Address/Residence (Do not use P.O. Box or Business Address)

Number | Street | Apt. No.

City | State/Province | Postal Code | County

I have lived at this address since: Month Day Year

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7 Mailing Address (If different from Home Address given above)

Number | Street | Apt. No.

City | State/Province | Postal Code | Country

8 Contact Information

Home Phone | Personal Email

Cell Phone (Number will be used for emergency notification system)

9 My present stay in California began on:

Month | Day | Year

10 Citizenship Status

- ☐ U.S. Citizen (Native)
- ☐ Permanent Resident Alien (Permanent Resident)
- ☐ Temporary Resident / Amnesty (Alien Temporary)
- ☐ Refugee / Asylee (Alien Permanent)
- ☐ Other (Specify): _____ No Documents

Is Permanent Resident / Temporary Resident / Amnesty (Alien Temporary):

Permanent Resident or Visa Number | Issues/Adjustment Date

Expiration Date

☐ Does Not Expire

11 The Questions Below Must Be Answered by Every Applicant:

California Residency

Have you lived in California continuously since one year and one day prior to the start of the semester? ☐ No ☐ Yes

If **No**, when did you CURRENT stay in California begin? _____ _____ _____
Month Day Year

☐ Check this box if you have not yet arrived in California, or if you do not plan to relocate to California.

Special Residency Categories

Are you a full-time employee, or spouse or dependent of a full-time employee of any of the following colleges/universities? ☐ No ☐ Yes

- California Community College
- University of California
- California State University or College
- Maritime Academy

Are you a full-time credentialed employee of a California public school enrolling in college for purposes of fulfilling credential-related requirements? ☐ No ☐ Yes

Have you been employed as a seasonal agricultural worker for at least a total of two months of each of the past two years? ☐ No ☐ Yes

Out-Of-State Activities

Have you declared residency in another state for state income tax purposes? ☐ No ☐ Yes

Have you registered to vote in another state? ☐ No ☐ Yes

Have you declared residency at an out-of-state college or university? ☐ No ☐ Yes

Have you petitioned for a lawsuit or divorce as a resident in another state? ☐ No ☐ Yes

12 Complete This Question Only If You Are Under 19 and Have Never Been Married

_____
Name of Parent or Guardian

Relationship to You: ☐ Father ☐ Mother ☐ Legal Guardian

Is the person a: ☐ U.S. Citizen ☐ Permanent Resident Alien

If a Permanent Resident Alien, enter "A-Number" and date of issue: _____ _____
A-Number Date of Issue

Current residence of this person: _____ From: _____ To: PRESENT
State Month/Year

Select the statement that applies to you:

☐ I am or have been married.

☐ I am legally emancipated.

☐ I do not have a living parent or guardian.

☐ As of one year and one day before the term begins, I will be on active duty in the armed services.

☐ As of one day before the term begins, I have been self-supporting for at least one year.

☐ None of the statements above are true about me.

13 Ethnic Identity

Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

☐ Yes ☐ No

If **Yes**, check all that apply:

☐ Mexican, Mexican-American, Chicano

☐ Central American

☐ South American

☐ Hispanic, Other

What is your race? Check one or more:

☐ Asian Indian

☐ Asian Chinese

☐ Asian Japanese

☐ Asian Korean

☐ Asian Laotian

☐ Asian Cambodian

☐ Asian Vietnamese

☐ Asian Filipino

☐ Asian, Other (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent)

☐ Black, African-American (A person having origins in any of the black racial groups of Africa)

☐ American Indian, Alaskan Native (A person having origins in any of the original peoples of North and South America [including Central America] who maintains cultural identification through tribal affiliation or community attachment)

☐ Pacific Islander, Guamanian

☐ Pacific Islander, Hawaiian

☐ Pacific Islander, Samoan

☐ Pacific Islander, Other (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

☐ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

14 Semester

☐ Fall ☐ Winter

☐ Spring ☐ Summer

_____
Year

15 Academic Plan

What is your Academic Plan (major)? (See list of Academic Plan [majors]) _____

16 Enrollment Status:

☐ First-time student in college (after leaving high school)

☐ First time at this college; have attended another college

☐ Returning student to this college after absent for a main term

☐ Enrolling in high school (or lower grade) and college at the same time

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17 **Full name of the last High School attended:**

Name of High School | City | State/Foreign Country

What was your high school attendance status?

- ☐ Attended high school.
- ☐ Was independently home schooled.
- ☐ Was home schooled in a registered home school organization.
- ☐ Did not attend high school and was not home schooled.

18 **All colleges attended, not including LACCD colleges:** If none, check this box ☐

A. Name of College | From: Month/Year | To: Month/Year

City | State/Foreign Country | Degree Date | Degree Awarded

B. Name of College | From: Month/Year | To: Month/Year

City | State/Foreign Country | Degree Date | Degree Awarded

C. Name of College | From: Month/Year | To: Month/Year

City | State/Foreign Country | Degree Date | Degree Awarded

D. Name of College | From: Month/Year | To: Month/Year

City | State/Foreign Country | Degree Date | Degree Awarded

Were you ever expelled or undergoing expulsion from any of the listed colleges? ..... ☐ Yes ☐ No

If **Yes**, list college(s): _____

19 **What is your Main Educational Goal?** Select one of the following:

- ☐ Obtain an associate degree and transfer to a 4-year institution
- ☐ Transfer to a 4-year institution without an AA degree
- ☐ Obtain a 2-year associate degree without transfer
- ☐ Earn a career technical 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 coursework to credit coursework
- ☐ 4-year college student taking courses to meet 4-year college requirements

20 **Parent/Guardian Highest Education Level** Please enter numbers in boxes below.

1 = Grade 9 or less
2 = Some High School, but did not graduate
3 = High school graduate (diploma, GED, or equivalent)
4 = Some college but no degree
5 = Associate's degree (for example: AA, AS)
6 = Bachelor's degree (for example: BA, BS)
7 = Graduate degree (Master's, Ph.D., or professional degree beyond Bachelor's)
X = Unknown
Y = No parent or guardian raised me

Parent 1 Highest Education Level ☐

Parent 2 Highest Education Level ☐

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21 Highest Education Status:

What is your high school education level as of one day before the start of the semester?

☐ Not a graduate of, and no longer enrolled in high school

☐ Will be enrolled in high school (or lower grade) and college at the same time

☐ Currently enrolled in adult school

☐ Received high school diploma from U.S. school ..... Month Day Year

Did you receive your diploma, GED, or certificate in California? ..... ☐ Yes ☐ No

Have you attended High School in California for three or more years?..... ☐ Yes ☐ No

☐ Passed the GED, or received a High School Certificate of Equivalency ..... Month Day Year

Did you receive your diploma, GED, or certificate in California? ..... ☐ Yes ☐ No

Have you attended High School in California for three or more years?..... ☐ Yes ☐ No

☐ Received a Certificate of California High School Proficiency ..... Month Day Year

Have you attended High School in California for three or more years?..... ☐ Yes ☐ No

☐ Received a diploma/certificate from a Foreign secondary school ..... Month Day Year

Have you attended High School in California for three or more years?..... ☐ Yes ☐ No

What is your highest degree attainment?

☐ No Degree

☐ Received an associate degree. Completion Date (MM/DD/YY) ..... Month Day Year

☐ Received a bachelor's degree or higher. Completion Date (MM/DD/YY) ..... Month Day Year

22a Military (Complete only if you are a Veteran, Spouse and/or Dependent of a Veteran)

What is your U.S. Military Status as of the first day of the term?

☐ I have never served in the military
(If checked, proceed to question # 22b)

☐ Currently serving on active duty

☐ I served in the U.S. Military (Veteran)

☐ Member of the Active Reserve

☐ Member of the National Guard

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22b Military (continued)

Type of discharge (if applicable):

- ☐ Honorable
- ☐ Clemency Discharge
- ☐ Entry level separation
- ☐ Bad Conduct
- ☐ General
- ☐ Dishonorable
- ☐ Other Than Honorable

Date you were discharged ..... ☐☐ ☐☐ ☐☐☐☐
Month Day Year

Enter codes in boxes to the right:

AA =	Armed Forces Americas	IN =	Indiana	NM =	New Mexico
		K0 =	KY-Kenton County Tiered Tax	NV =	Nevada
AE =	Armed Forces Europe			NY =	New York
		K1 =	KY-Hazard Tiered Tax	O1 =	OR-Multnomah Co Income Tax
AK =	Alaska	K2 =	KY-Mayfield Tiered Tax		
AL =	Alabama	KS =	Kansas	OH =	Ohio
AP =	Armed Forces Pacific	KY =	Kentucky	OK =	Oklahoma
AR =	Arkansas	LA =	Louisiana	OR =	Oregon
AS =	American Samoa	MA =	Massachusetts	PA =	Pennsylvania
AZ =	Arizona	MD =	Maryland	PR =	Puerto Rico
CA =	California	ME =	Maine	RI =	Rhode Island
CO =	Colorado	MI =	Michigan	SC =	South Carolina
CT =	Connecticut	MN =	Minnesota	SD =	South Dakota
DC =	District of Columbia	MO =	Missouri	TN =	Tennessee
DE =	Delaware	MP =	Northern Mariana Islands	TX =	Texas
FC =	Foreign Country			UT =	Utah
FL =	Florida	MS =	Mississippi	VA =	Virginia
GA =	Georgia	MT =	Montana	VI =	Virgin Islands
GU =	Guam	NC =	North Carolina	VT =	Vermont
HI =	Hawaii	ND =	North Dakota	WA =	Washington
IA =	Iowa	NE =	Nebraska	WI =	Wisconsin
ID =	Idaho	NH =	New Hampshire	WV =	West Virginia
IL =	Illinois	NJ =	New Jersey	WY =	Wyoming

State of Legal Residence (Military) When Discharged: ☐

Military home State: ☐

Country of Record when discharged: _____

Are you currently stationed in CA? ..... ☐ Yes ☐ No

Is the military member's assignment in California for Educational purposes for 30 days or more? ..... ☐ Yes ☐ No

23 What is your U.S. Military Dependent Status as of the first day of the term?

- ☐ I am not a military dependent (If checked, proceed to question # 23a)
- ☐ Parent/Guardian/Spouse is currently on active duty
- ☐ Parent/Guardian/Spouse served in the U.S. Military (Veteran)
- ☐ Parent/Guardian/Spouse is a member of the Active Reserve (If checked, proceed to question # 24a)
- ☐ Parent/Guardian/Spouse is a member of the National Guard (If checked, proceed to question # 24a)

Veteren type of discharge (if applicable):

- ☐ Honorable
- ☐ Entry level separation
- ☐ General
- ☐ Other Than Honorable
- ☐ Clemency Discharge
- ☐ Bad Conduct
- ☐ Dishonorable

Date your parent/guarian/spouse was discharged ..... ☐☐ Month ☐☐ Day ☐☐☐☐ Year

Enter codes in boxes to the bottom right:

AA =	Armed Forces Americas	IA =	Iowa	MT =	Montana	TX =	Texas
		ID =	Idaho	NC =	North Carolina	UT =	Utah
AE =	Armed Forces Europe	IL =	Illinois	ND =	North Dakota	VA =	Virginia
		IN =	Indiana	NE =	Nebraska	VI =	Virgin Islands
AK =	Alaska	K0 =	KY-Kenton County Tiered Tax	NH =	New Hampshire	VT =	Vermont
AL =	Alabama			NJ =	New Jersey	WA =	Washington
AP =	Armed Forces Pacific	K1 =	KY-Hazard Tiered Tax	NM =	New Mexico	WI =	Wisconsin
AR =	Arkansas	K2 =	KY-Mayfield Tiered Tax	NV =	Nevada	WV =	West Virginia
AS =	American Samoa	KS =	Kansas	NY =	New York	WY =	Wyoming
AZ =	Arizona	KY =	Kentucky	O1 =	OR-Multnomah Co Income Tax		
CA =	California	LA =	Louisiana				
CO =	Colorado	MA =	Massachusetts	OH =	Ohio		
CT =	Connecticut	MD =	Maryland	OK =	Oklahoma		
DC =	District of Columbia	ME =	Maine	OR =	Oregon		
DE =	Delaware	MI =	Michigan	PA =	Pennsylvania		
FC =	Foreign Country	MN =	Minnesota	PR =	Puerto Rico		
FL =	Florida	MO =	Missouri	RI =	Rhode Island		
GA =	Georgia	MP =	Northern Mariana Islands	SC =	South Carolina		
GU =	Guam			SD =	South Dakota		
HI =	Hawaii	MS =	Mississippi	TN =	Tennessee		

State of Legal Residence (Military) When Discharged: ☐☐

Military home State: ☐☐

Country of Record when discharged: _____

Is your parent/guardian/spouse currently stationed in CA? ..... ☐ Yes ☐ No

Is the military member's assignment in California for Educational purposes for 30 days or more? ..... ☐ Yes ☐ No

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24 Have You Ever Been in Court-Ordered Foster Care?

- ☐ I have never been in Foster Care
- ☐ I am currently in Foster Care in California
- ☐ I was previously in Foster Care in California, and aged out or was emancipated from the system
- ☐ I am currently in Foster Care in a system outside California
- ☐ I was previously in Foster Care in a system outside California, and aged out or was emancipated from the system
- ☐ I was previously in Foster Care, but did not age out or emancipate from the system

25 Special Services (The information you provide will not be used in making admission decisions and will not be used for discriminatory purposes.)

Main Language

Are you comfortable reading and writing English? ..... ☐ Yes ☐ No

Financial Assistance

Are you interested in receiving information about money for college? ..... ☐ Yes ☐ No

Are you receiving TANF/CalWORKs, SSI, or General Assistance? ..... ☐ Yes ☐ No

Athletic Interest

Are you interested in participating in a sport while attending college? (Your response does not obligate you in any way. To be eligible to participate on an intercollegiate team, you must be enrolled in at least 12 units.)

- ☐ Yes, I am interested in one or more sports, including the possibility of playing on an intercollegiate team.
- ☐ Yes, I am interested in intramural or club sports, but not in playing on an intercollegiate team.
- ☐ No, I am not interested in participating in a sport (beyond taking P.E. classes).

Programs & Services: Check the programs and services in which you are interested. (Not all college campuses offer every program and service listed.)

- ☐ Academic counseling/advising
- ☐ Basic skills (reading, writing, math)
- ☐ CalWorks
- ☐ Career planning
- ☐ Child care
- ☐ Counseling - personal
- ☐ DSPS - Disabled Student Programs and Services
- ☐ EOPS - Extended Opportunity Programs & Services
- ☐ ESL - English as a Second Language
- ☐ Health services
- ☐ Housing information
- ☐ Employment assistance
- ☐ Online classes
- ☐ Re-entry program (after 5 years out)
- ☐ Scholarship information
- ☐ Student government
- ☐ Testing, assessment, orientation
- ☐ Transfer information
- ☐ Tutoring services
- ☐ Veterans services

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26 Supplemental Section

English and Math Assessment

In the past two years, have you completed both an English and Math Assessment at a California Community College? ..... ☐ Yes ☐ No

If **Yes**, enter date..... ☐☐ ☐☐ ☐☐☐☐
Month Day Year

English and Math

Have you completed both an English and Math course at a regionally accredited College/University? ..... ☐ Yes ☐ No

What is Your Primary Language?

☐ Afrikaans	☐ Dutch	☐ Japanese	☐ Swahili
☐ American Sign Language	☐ English	☐ Kiswahili	☐ Swedish
☐ Amharic	☐ Farsi (Persian)	☐ Korean	☐ Tagalog (Philippines)
☐ Arabic	☐ Finnish	☐ Latin	☐ Tamil (Ceylon)
☐ Armenian	☐ Flemish	☐ Latvian	☐ Tamil (India)
☐ Bahasa (Indonesian)	☐ French	☐ Lithuanian	☐ Telugu
☐ Bengali	☐ German	☐ Laotian	☐ Thai
☐ Bulgarian	☐ Greek	☐ Malay	☐ Turkish
☐ Burmese	☐ Hebrew	☐ Maori	☐ Twi (Ghana)
☐ Chinese (Cantonese)	☐ Hindi	☐ Norwegian	☐ Ukrainian
☐ Chinese (Mandarin)	☐ Hungarian	☐ Polish	☐ Urdu (Pakistan)
☐ Chinese (Shanghai)	☐ Icelandic	☐ Portuguese	☐ Vietnamese
☐ Chinese (Other)	☐ Indian (Hindi)	☐ Rumanian	☐ Welsh
☐ Croatian	☐ Indian (Kannada)	☐ Russian	
☐ Czech	☐ Indian (Konkani)	☐ Serbian	
☐ Danish	☐ Italian	☐ Spanish	

27a FERPA – Student Information – Permission to Release

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them.

For more information, be sure to read the full statement of consent available at http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html

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27b FERPA – Student Information – Permission to Release (continued)

Student Information – Permission to Release
Permission to Release Types of Student Information:

DIRECTORY INFORMATION: Name, address, telephone number, email address, city of residence, participation in officially recognized activities and sports, weight and height of athletic teams members, dates of attendance, degrees and awards received, and the most recent previous educational agency or institution attended.

COLLEGE FOUNDATION INFORMATION: Name, address, and telephone number.

FOUR-YEAR COLLEGE INFORMATION: Name, address, and telephone number.

MILITARY RECRUITING INFORMATION: All information outlined in 'Directory information,' plus, address, telephone number, date of birth, and major field of study.

Be sure to read the Full Statement of Consent before deciding whether or not to grant your consent. You may find the Full Statement of Consent in the Consent tab of the application. To change your authorization, notify the college admissions office in writing.

- ☐ I do not permit the college to release directory information.
- ☐ I do not permit the release of my information to the College Foundation. (Leave blank if you want information on LACCD Foundation scholarships, grants and networking opportunities).
- ☐ I do not permit the release of my information to four-year colleges.
- ☐ I do not permit the release of information to the military.

28 Emergency Contacts

In case of an emergency, who can we contact on your behalf?

First Name _____ Last Name _____ Contact's Phone Number ☐☐☐ ☐☐☐ ☐☐☐☐

Relationship

☐ Adult Child	☐ ExSpouse	☐ In-law	☐ Recognized Child
☐ Child	☐ Foster Child	☐ Neighbor	☐ Roommate
☐ Domestic Partner Adult	☐ Friend	☐ Other	☐ Self
☐ Domestic Parent Child	☐ Grand Parent	☐ Other Child	☐ Sibling
☐ Employee	☐ Grandchild	☐ Other Relative	☐ Spouse
☐ Estate	☐ Great Grand Parent	☐ Parent	☐ Step Parent
☐ ExDomestic Partner	☐ Great Grandchild	☐ Parent In-law	☐ Stepchild

29 Sports

Are you interested in participating in a sport? ☐ Yes ☐ No

If yes, please select all that apply below:

Badminton
- ☐ Intercollegiate Team
- ☐ Intramurals
- ☐ Physical Education

Baseball
- ☐ Intercollegiate Team
- ☐ Intramurals
- ☐ Physical Education

Basketball
- ☐ Intercollegiate Team
- ☐ Intramurals
- ☐ Physical Education

Bowling
- ☐ Intercollegiate Team
- ☐ Intramurals
- ☐ Physical Education

Cross Country
- ☐ Intercollegiate Team
- ☐ Intramurals
- ☐ Physical Education

Fencing
- ☐ Intercollegiate Team
- ☐ Intramurals
- ☐ Physical Education

Football
- ☐ Intercollegiate Team
- ☐ Intramurals
- ☐ Physical Education

Golf
- ☐ Intercollegiate Team
- ☐ Intramurals
- ☐ Physical Education

Gymnastics
- ☐ Intercollegiate Team
- ☐ Intramurals
- ☐ Physical Education

Lacrosse
- ☐ Intercollegiate Team
- ☐ Intramurals
- ☐ Physical Education

Sand Volleyball
- ☐ Intercollegiate Team
- ☐ Intramurals
- ☐ Physical Education

Soccer
- ☐ Intercollegiate Team
- ☐ Intramurals
- ☐ Physical Education

Softball
- ☐ Intercollegiate Team
- ☐ Intramurals
- ☐ Physical Education

Swimming
- ☐ Intercollegiate Team
- ☐ Intramurals
- ☐ Physical Education

Tennis
- ☐ Intercollegiate Team
- ☐ Intramurals
- ☐ Physical Education

Track & Field
- ☐ Intercollegiate Team
- ☐ Intramurals
- ☐ Physical Education

Volleyball
- ☐ Intercollegiate Team
- ☐ Intramurals
- ☐ Physical Education

Water Polo
- ☐ Intercollegiate Team
- ☐ Intramurals
- ☐ Physical Education

Wrestling
- ☐ Intercollegiate Team
- ☐ Intramurals
- ☐ Physical Education

30 Extended Opportunity Programs and Services (EOPS):

The following questions are designed to determine if you qualify for the EOP&S Program. If you qualify you will receive further information by email. You may be asked to provide additional documentation.

Was your High School Grade Point Average (GPA) below 2.5? ☐ Yes ☐ No

Were you previously enrolled in remedial (special education/resource) courses? ☐ Yes ☐ No

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31 Languages

What is the primary language spoken in your home?

- ☐ Afrikaans
- ☐ American Sign Language
- ☐ Amharic
- ☐ Arabic
- ☐ Armenian
- ☐ Bahasa (Indonesian)
- ☐ Bengali
- ☐ Bulgarian
- ☐ Burmese
- ☐ Chinese (Cantonese)
- ☐ Chinese (Mandarin)
- ☐ Chinese (Shanghai)
- ☐ Chinese (Other)
- ☐ Croatian
- ☐ Czech
- ☐ Danish
- ☐ Dutch
- ☐ English
- ☐ Farsi (Persian)
- ☐ Finnish
- ☐ Flemish
- ☐ French
- ☐ German
- ☐ Greek
- ☐ Hebrew
- ☐ Hindi
- ☐ Hungarian
- ☐ Icelandic
- ☐ Indian (Hindi)
- ☐ Indian (Kannada)
- ☐ Indian (Konkani)
- ☐ Italian
- ☐ Japanese
- ☐ Kiswahili
- ☐ Korean
- ☐ Latin
- ☐ Latvian
- ☐ Lithuanian
- ☐ Laotian
- ☐ Malay
- ☐ Maori
- ☐ Norwegian
- ☐ Polish
- ☐ Portuguese
- ☐ Rumanian
- ☐ Russian
- ☐ Serbian
- ☐ Spanish
- ☐ Swahili
- ☐ Swedish
- ☐ Tagalog (Philippines)
- ☐ Tamil (Ceylon)
- ☐ Tamil (India)
- ☐ Telugu
- ☐ Thai
- ☐ Turkish
- ☐ Twi (Ghana)
- ☐ Ukrainian
- ☐ Urdu (Pakistan)
- ☐ Vietnamese
- ☐ Welsh

32 Dependant Care:

The following questions are designed to determine if you qualify for the CARE Program. If you qualify you will receive further information by email. You may be asked to provide additional documentation.

Are you receiving cash aid (TANF, CalWORKS/GAIN) for your child and/or yourself? ☐ Yes ☐ No

Are you a single head of household? ☐ Yes ☐ No

Do you have a child under the age of 14? ☐ Yes ☐ No

33 Non-descrimination Policy

All programs and activities of the Los Angeles Community College District shall be operated in a manner which is free of discrimination on the basis of actual or perceived ethnic group identification, race, color, national origin, ancestry, religion, creed, sex (including gender identity and gender-based sexual harassment), pregnancy, marital status, cancer-related condition of an employee, sexual orientation, age, physical or mental disability, or veterans status. (LACCD Board Rules, Chapter 15.)

In order to ensure the proper handling of all civil rights matters, the District has an Office of Diversity Programs. Direct initial inquiries to the Office of Diversity Programs at (213) 891-2000.

34 Certification

I declare under penalty of perjury that all the information on this form is correct. I understand that falsifying or withholding information required on this form shall constitute grounds for dismissal.

Required Signature

Date

Office Use Only

Processed By

Date

Residence Code

Matriculation Status

- ☐ Exempt
- ☐ Non-Exempt
- ☐ ENL/ESL
- ☐ Engl., Math & Orien.

Assessment Exemption

Partial Exempt (Check One)

- ☐ ENGL
- ☐ Math