



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:

- Earned a U.S. high school diploma
- Not a high school graduate
- Currently enrolled in adult school
- Last attended high school in \_\_\_\_\_
- Passed the California High School Proficiency Certificate
- 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)              | _____           |