



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 the first day of the

 Semester Year

Please check one financial aid eligible goal:

- Earned a U.S. high school diploma
- Last attended high school in _____
- Not a high school graduate
- Passed the California high school proficiency
- Currently enrolled in adult school
- Certificate Passed the G.E.D.

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.

 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"/> Update External Education	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"/> Release HS Service Indicator	<input type="checkbox"/> Residency Status review (if applicable)	_____