



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 Legal 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

--	--	--	--	--	--	--	--	--	--

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 Legal 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

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

Number Street Apt. No.

City State/Province Postal Code Country

8 Contact Information

Email

Home Phone

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) Refugee / Asylee (Alien Permanent)

Permanent Resident Alien (Permanent Resident) Other (Specify): _____
No Documents

Temporary Resident / Amnesty (Alien Temporary)

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 - California State University or College
- University of California - 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

_____ Relationship to You: Father Mother Legal Guardian
Name of Parent or 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. As of one year and one day before the term begins, I will be on active duty in the armed services.
- I am legally emancipated. As of one day before the term begins, I have been self-supporting for at least one year.
- I do not have a living parent or guardian. 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:

- | | | | | |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Asian, Other (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent) | <input type="checkbox"/> 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) | <input type="checkbox"/> Pacific Islander, Hawaiian | <input type="checkbox"/> White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa) |
| <input type="checkbox"/> Asian Chinese | | | <input type="checkbox"/> Pacific Islander, Samoan | |
| <input type="checkbox"/> Asian Japanese | | | <input type="checkbox"/> Pacific Islander, Other (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands) | |
| <input type="checkbox"/> Asian Korean | <input type="checkbox"/> Black, African-American (A person having origins in any of the black racial groups of Africa) | | | |
| <input type="checkbox"/> Asian Laotian | | <input type="checkbox"/> Pacific Islander, Guamanian | | |
| <input type="checkbox"/> Asian Cambodian | | | | |
| <input type="checkbox"/> Asian Vietnamese | | | | |
| <input type="checkbox"/> Asian Filipino | | | | |

14 Semester

- Fall Winter
 Spring Summer

Year

15 Enrollment Status:

- First-time student in college (after leaving high school) Returning student to this college after absent for a main term
 First time at this college; have attended another college Enrolling in high school (or lower grade) and college at the same time

16 Major

What is your major/program plan? (See list of majors/program plans) _____

- 19** **What is your Main Educational Goal?** Select one of the following:
- Obtain an associate degree and transfer to a 4-year institution
 - Discover / formulate career interests, plans, goals
 - Improve basic skills
 - Transfer to a 4-year institution without an AA degree
 - Prepare for a new career (acquire job skills)
 - Complete credits for high school diploma or GED
 - Obtain a 2-year associate degree without transfer
 - Advance in current job/career (update job skills)
 - Undecided on goal
 - Earn a career technical certificate without transfer
 - Maintain certificate or license
 - To move from noncredit coursework to credit coursework
 - Educational Development
 - 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

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)
- Member of the Active Reserve
- Currently serving on active duty
- Member of the National Guard
- I served in the U.S. Military (Veteran)

22b

Military (continued)

Type of discharge (if applicable):

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

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 |
| AE = Armed Forces Europe | ID = Idaho | NC = North Carolina | UT = Utah |
| AK = Alaska | IL = Illinois | ND = North Dakota | VA = Virginia |
| AL = Alabama | IN = Indiana | NE = Nebraska | VI = Virgin Islands |
| AP = Armed Forces Pacific | K0 = KY-Kenton County Tiered Tax | NH = New Hampshire | VT = Vermont |
| AR = Arkansas | K1 = KY-Hazard Tiered Tax | NJ = New Jersey | WA = Washington |
| AS = American Samoa | K2 = KY-Mayfield Tiered Tax | NM = New Mexico | WI = Wisconsin |
| AZ = Arizona | KS = Kansas | NV = Nevada | WV = West Virginia |
| CA = California | KY = Kentucky | NY = New York | WY = Wyoming |
| CO = Colorado | LA = Louisiana | O1 = OR-Multnomah Co Income Tax | |
| CT = Connecticut | MA = Massachusetts | OH = Ohio | |
| DC = District of Columbia | MD = Maryland | OK = Oklahoma | State of Legal Residence (Military) When Discharged: |
| DE = Delaware | ME = Maine | OR = Oregon | <input style="width: 60px; height: 25px;" type="text"/> |
| FC = Foreign Country | MI = Michigan | PA = Pennsylvania | |
| FL = Florida | MN = Minnesota | PR = Puerto Rico | Military home State: |
| GA = Georgia | MO = Missouri | RI = Rhode Island | <input style="width: 60px; height: 25px;" type="text"/> |
| GU = Guam | MP = Northern Mariana Islands | SC = South Carolina | |
| HI = Hawaii | MS = Mississippi | SD = South Dakota | |
| | | TN = Tennessee | |

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

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

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?

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

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

- | | | | |
|-------------------------------------------------|---------------------------------------------|-----------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Adult Child | <input type="checkbox"/> ExSpouse | <input type="checkbox"/> In-law | <input type="checkbox"/> Recognized Child |
| <input type="checkbox"/> Child | <input type="checkbox"/> Foster Child | <input type="checkbox"/> Neighbor | <input type="checkbox"/> Roommate |
| <input type="checkbox"/> Domestic Partner Adult | <input type="checkbox"/> Friend | <input type="checkbox"/> Other | <input type="checkbox"/> Self |
| <input type="checkbox"/> Domestic Parent Child | <input type="checkbox"/> Grand Parent | <input type="checkbox"/> Other Child | <input type="checkbox"/> Sibling |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Grandchild | <input type="checkbox"/> Other Relative | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Estate | <input type="checkbox"/> Great Grand Parent | <input type="checkbox"/> Parent | <input type="checkbox"/> Step Parent |
| <input type="checkbox"/> ExDomestic Partner | <input type="checkbox"/> Great Grandchild | <input type="checkbox"/> Parent In-law | <input type="checkbox"/> 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

Fencing

- Intercollegiate Team
- Intramurals
- Physical Education

Sand Volleyball

- Intercollegiate Team
- Intramurals
- Physical Education

Track & Field

- Intercollegiate Team
- Intramurals
- Physical Education

Baseball

- Intercollegiate Team
- Intramurals
- Physical Education

Football

- Intercollegiate Team
- Intramurals
- Physical Education

Soccer

- Intercollegiate Team
- Intramurals
- Physical Education

Volleyball

- Intercollegiate Team
- Intramurals
- Physical Education

Basketball

- Intercollegiate Team
- Intramurals
- Physical Education

Golf

- Intercollegiate Team
- Intramurals
- Physical Education

Softball

- Intercollegiate Team
- Intramurals
- Physical Education

Water Polo

- Intercollegiate Team
- Intramurals
- Physical Education

Bowling

- Intercollegiate Team
- Intramurals
- Physical Education

Gymnastics

- Intercollegiate Team
- Intramurals
- Physical Education

Swimming

- Intercollegiate Team
- Intramurals
- Physical Education

Wrestling

- Intercollegiate Team
- Intramurals
- Physical Education

Cross Country

- Intercollegiate Team
- Intramurals
- Physical Education

Lacrosse

- Intercollegiate Team
- Intramurals
- Physical Education

Tennis

- 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

31 Languages

What is the primary language spoken in your home?

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

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-discrimination 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