



<input type="checkbox"/> Cañada College	<input type="checkbox"/> College of San Mateo	<input type="checkbox"/> Skyline College
4200 Farm Hill Boulevard Redwood City, CA 94061 Phone: (650) 306-3226 Fax: (650) 306-3113 canadacollege.edu	1700 West Hillsdale Blvd. San Mateo, CA 94402 Phone: (650) 574-6165 Fax: (650) 574-6506 collegeofsanmateo.edu	3300 College Drive San Bruno, CA 94066 Phone: (650) 738-4251 Fax: (650) 738-4200 skylinecollege.edu

____ FALL 20 ____
 ____ SPRING
 SUMMER

Last/Family Name: _____ First/Given Name: _____ Middle Name: _____

Other name(s) used on academic records: _____

Daytime Phone Number: (_____) _____ - _____ Ext.: _____ Evening/Alternate Phone Number: (_____) _____ - _____ Ext.: _____

Current Mailing Address: _____ **Apt #:** _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

E-mail Address: _____ @ _____

☐ Check this box if you have no SS Number or decline to state

Month _____ Year _____

MO / DAY / YEAR

☐ Unmarried ☐ Married ☐ Decline to state

☐ Female ☐ Male ☐ Decline to state

Program of study you intend to pursue at this college:

B. African American, Non-Hispanic
N. American Indian, Alaskan Native
AI Asian Islander
AM Cambodian
HR Central American
AC Chinese

F.	Filipino
PG	Guamanian
PH	Hawaiian
AJ	Japanese
AK	Korean
AL	Laotian
HM	Mexican, M

AC	Other Asian
HX	Other Hispanic
O.	Other Non-White
PX	Other Pacific Islander
PS	Samoan
HS	South American

AV Vietnamese
W. White, Non-Hispanic
XD Decline to State

Enter Code

☐ Check here if your permanent address is the same as your current address.

Permanent Address: _____ Apt #: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Parent/Guardian/Emergency Contact Name: _____ Phone Number: (_____) _____ - _____

Enter Code

1 = First-time Student in college (never attended college)
2 = First time at an SMCCCD college, have attended another college
3 = Returning Student to an SMCCCD college after absent for a main term
Y = Enrolling in high school (or lower grades) and college at the same time

☐ Yes ☐ No I received a CA high school diploma, GED or equivalent.

☐ Yes ☐ No I have attended high school in CA for three or more years.

High School: _____

City: _____ State: _____ Country: _____

HIGH SCHOOL COMPLETION DATE: ____/____/____ (MMDDYYYY)

12. ☐ Yes ☐ No Are you primarily a student at another college and taking course(s) here to meet requirements?

☐ Yes ☐ No Are you employed and taking only job-related classes?

- 0 Not a high school graduate and no longer enrolled in high school.
- 1 Special Admit Student (Will be attending both K-12 & SMCCCD college).
- 2 Currently enrolled in adult school (not college/university).
- 3 Received High School Diploma. YEAR: _____
- 4 Passed the GED, or received a High School Certificate of Equivalency/
Completion. YEAR: _____
- 5 Received a Certificate of California High School Proficiency or
equivalent. YEAR: _____
- 6 Received a Foreign Secondary School Diploma/Certificate of
graduation. YEAR: _____
- 7 Received an Associate Degree. YEAR: _____
- 8 Received a Bachelor Degree or higher. YEAR: _____

College/University: _____

City: _____ State: _____

Dates attended:

(From) Month: ____ Year: ____ (To) Month: ____ Year: ____

RESIDENCY				MATRICULATION				REC'D BY	DATE	CODED BY	ADM BY	DATE	REG DATE	OFFICE USE
5	6	7	8	N	NM	DO	DY	OY						Rev. 02-20-08

