



# CAÑADA COLLEGE RESIDENCY QUESTIONNAIRE

Complete all sections of form, which apply to you. If additional space is needed, attach a separate sheet of paper. Be sure to sign and date at bottom of reverse side of this form.

Print Name \_\_\_\_\_

Last	First	Middle
------	-------	--------

Present Address			
No. & Street	City	State	Zip Code

Student ID number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Work phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

**TO BE COMPLETED BY ALL STUDENTS**

1. Birth Date \_\_\_\_\_

Month	Day	Year

2. Permanent Address			
No. & Street	City	State	Zip Code

3. What state do you regard as your permanent residence? Since what date?

4. Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, what type of Immigration status do you/did you hold?  
\_\_\_\_\_, and date of Issue/petition \_\_\_\_\_ (attach a copy immigration status )  
Type Number Date

5. Have you lived in California continuously since birth? Yes \_\_\_\_ No \_\_\_\_\_. If not, list places and dates where you lived before your present stay in California. List parent or relationship of person with whom you resided prior to age 18.

From Mo/Day/Year	To Mo/Day/Year	State	Person With Whom you resided	Relationship

6. When did your present stay in California begin? \_\_\_\_\_

Month	Day	Year

7. Have you been enrolled in any university, college or community college? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list all schools (Including Cañada College):

College or University	State	Attended From Mo/Year	Attended To Mo/Year	Fee Status-Resident/Non Resident

8. Have you been employed in California during the past two years? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, list employer(s) and dates.

Name of Employer	City	Dates Employed
------------------	------	----------------

Name of Employer	City	Dates Employed
------------------	------	----------------

9. Where did you pay state income taxes for the past year? \_\_\_\_\_ State

10. Have you ever registered to vote? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give state \_\_\_\_\_  
Date registered \_\_\_\_\_ Date voted \_\_\_\_\_
11. Are you, your spouse or parent a member or a veteran of the U.S. Armed forces? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes: Relationship \_\_\_\_\_  
Date separated, if any \_\_\_\_\_  
Most recent permanent address on military records \_\_\_\_\_  
Most recent home of record on military record \_\_\_\_\_
12. Are you or either of your parents a full-time employee of the San Mateo Community College District?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Name \_\_\_\_\_ Relationship \_\_\_\_\_
- 

**TO BE COMPLETED BY STUDENTS UNDER 19 YEARS OF AGE**

13. Is your father living? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, his name \_\_\_\_\_  
and his permanent address \_\_\_\_\_  
His present actual whereabouts \_\_\_\_\_  
How long (continuously) has he lived in California, if at all? \_\_\_\_\_  
What state does he regard as his permanent home? \_\_\_\_\_  
Is he presently on full-time duty in the U.S. Armed Services? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where is he stationed \_\_\_\_\_  
Since when? \_\_\_\_\_  
Has he been separated from full-time duty in the U.S. Armed Services during the past year? Yes \_\_\_\_\_ No \_\_\_\_\_
14. Is your mother living? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, her name \_\_\_\_\_  
and her permanent address \_\_\_\_\_  
Her present actual whereabouts \_\_\_\_\_  
How long (continuously) has she lived in California, if at all? \_\_\_\_\_  
What state does she regard as her permanent home? \_\_\_\_\_
15. Are you currently under continuous and direct care and control of any person or persons other than a parent?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give name and address of such person(s):  
\_\_\_\_\_  
Name No. & Street City State Zip Code  
How long have you continuously been under such direct care and control? \_\_\_\_\_
16. Have you been self-supporting while a resident of California? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please attach copies of W-2 forms and /or statement or earnings from employers for the one-year period to the first day of the present semester for which you are applying.
- 

**To Be Completed By all Students  
DECLARATION**

I certify that the foregoing statements on this form and on any pages submitted with it and any oral or written statements made by me in connection with the determination of my residence for tuition purposes are, and each of them is, true and correct. I further certify that, as long as I am a student at this college, I will advise the Office of Admissions and Records if there is a change in any of the facts upon which the determination was made. These facts include: my state of residence, the state of residence and marital and military status of parents, stepparents, or the person having direct care and control of me. I understand that falsification of any statement may result in cancellation of my registration and denial of future admissions.

---

Signature of Applicant

Date

---

**Please return this form to:**

**CAÑADA COLLEGE**  
**Office of Enrollment Services**  
4200 Farm Hill Blvd.  
Redwood City, CA 94061