



Please complete the information below.

First name

Last name

Middle Initial

Student ID Number

Age

Home Address

High School Name

Birth Date.....

Month

Day

Year

Graduation Date

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

☐ Check complete on the K-12 Checklist ☐ Update External Education

A&R Staff: _____

☐ Assign New Student Checklist ☐ Inactivate from K-12 student group

Date: _____

☐ Assign MMAP Checklist (if applicable) ☐ Reg. Appointment adjusted (if applicable)

Notes: _____

☐ Release HS Service Indicator ☐ Residency Status review (if applicable)
