



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
Semester Year

Please check one educational status:

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

Today's Date Student's Signature

FOR ADMISSIONS AND RECORDS USE ONLY

- | | | |
|--|---|-----------------|
| ☐ Check complete on the K-12 Checklist | ☐ Enter Effective End Term (last term dually enrolled) | 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 _____ |
| ☐ Service indicator end date to a day before the Open Enrollment date | ☐ Residency status review (if applicable) | _____ |