

12. MILITARY AFFILIATION (To be completed by active military persons, dependents, or veterans discharged within the last year)

Are you an active member of the military? Yes No
When did your tour of duty begin in California? _____

Are you a dependents of an active military person? Yes No
What is your state of legal residence on military records? _____

ACTIVE DUTY MILITARY PERSONS AND/OR DEPENDENTS MUST provide a statement from the Commanding officer that assignment to California is not for educational purposes including the date of assignment to California. **DEPENDENTS** must also provide a letter stating that they are a dependent of a military person.

13. MAJOR: Administration/Criminal Justice Emergency Medical Technology Fire Control Technology Haz-Mat Specialist

14. EDUCATIONAL STATUS: (Select one)

- 0. Not a graduate/Not enrolled in high school
- 1. Currently enrolled in grades K – 12
- 2. Currently enrolled in Adult School
- 3. Received High School Diploma (Year completed _____)
- 4. Received GED or CA Equivalency (Year completed _____)
- 5. High School Proficiency Certificate (Year completed _____)
- 6. Foreign High School Graduate (Year complete _____)
- 7. Associate Degree (Year completed _____)
- 8. Bachelor Degree or higher (Year completed _____)

15. LAST HIGH SCHOOL ATTENDED:

Name of High School	City	State	Country
---------------------	------	-------	---------

16. LAST COLLEGE ATTENDED:

Name of College	City	State	Country
-----------------	------	-------	---------

17. EDUCATIONAL GOAL: (H) Advance in current job/career (update job skills). (1) Maintain certificate or license

18. ENROLLMENT STATUS: (Select one)

- First time college student (1)
- Transferring from another college (2)
- Returning – Did not attend last semester (3)
- Continuing – Enrolled last semester (5)
- Special Admin Student – Enrolled in K-10 (6)
- High School Student – Enrolled in 11th of 12th grade (7)

19. ECONOMIC DISADVANTAGE: (Check any that apply.)

- AFCD SSI General Assistance Other
- Low Income Displaced Homemaker Single Parent

20. VOCATIONAL MIGRANT WORKER STATUS:

Are you a migrant worker or child of a migrant worker? Yes No

21. PLEASE INDICATE YOUR PARENTS HIGHEST LEVEL OF EDUATION COMPLETED:

Father		Mother	
Jr. High/Middle School	<input type="checkbox"/>	Jr. High/Middle School	<input type="checkbox"/>
High School	<input type="checkbox"/>	High School	<input type="checkbox"/>
College Associate Degree	<input type="checkbox"/>	College Associate Degree	<input type="checkbox"/>
College Bachelor Degree or beyond	<input type="checkbox"/>	College Bachelor Degree or beyond	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	Unknown	<input type="checkbox"/>

22. DIRECTORY INFORMATION RELEASE

May your name, address, phone number, class schedule, dates of attendance, and degrees earned to be released without your written consent?

Yes No If release of information is not permitted, this includes but is not limited to; scholastic achievement honors and awards. (See website for additional information [www/paloverde.edu](http://www.paloverde.edu))

23. AB1504

Opt out of \$2 representation fee? Yes

I certify under penalty of PERJURY that to the best of my knowledge all of the above statements are correct and complete. I also understand that willful omission or falsification of information or failure to report changes in residence may result in my dismissal from Palo Verde College and the loss of units earned as a result of such omission or falsification.

DATE: _____

STUDENT SIGNATURE _____

DATE: _____

PARENT SIGNATURE (if under 19 years of age) _____