

# COS - Registration Form

## Admissions and Records

800 College Ave, Weed, California 96094

Email: [registration@siskiyous.edu](mailto:registration@siskiyous.edu) – Phone: (530) 938-5500 – Fax: (530) 938-5367

**DIRECTIONS: Please complete this entire form (incomplete forms cannot be processed).**

Check the box  to the right of the number if there is no change from last term attended. If more than a year has elapsed since last registration you must re-apply to the College.

1. **Registration Information**

Term Registering For: Summer 2022 Last Term Attended: \_\_\_\_\_

2. **Personal Information**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ COS Student ID Number: \_\_\_\_\_

3.  **Gender / Gender Designation**

Male  Female  Not-Transgender  Transgender  Decline to State

4.  **Current Physical Address**

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

5.  **Citizenship**

US Citizen  Permanent Resident  Temporary Resident  Refugee/Asylee  
 Student Visa  Amnesty  Other Status

If you did not specify US Citizen, please indicate the following:

Alien Registration Number or Visa Type: \_\_\_\_\_

Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

6.  **Ethnicity**

Asian  Chinese  Asian Indian  Japanese  Korean  
 Laotian  Cambodian  Vietnamese  Other Asian  Black Non-Hispanic  
 Filipino  Hispanic  Mexican, Mexican/American, Chicano  Central American  
 South American  Other Hispanic  American Indian/Alaskan Native  Pacific Islander  
 Samoan  Guamanian  Hawaiian  Other Pacific Islander  
 White Non-Hispanic  Unknown  Decline to State

7.  **Directory Information (AP 5040)**

May the College release information regarding your attendance and residence to outside inquiries?

Yes  No

8.  **Educational Level**

Non-High School Graduate  Received California High School Certificate of Proficiency  
 Currently Attending High School or Below; Grade \_\_\_\_\_  Foreign School Diploma/Certificate  
 Attending Adult School  Associate Degree  
 High School Graduate  Bachelor Degree or Higher  
 Received GED or HS Certificate of Equivalency/Completion

Date Education Level was obtained: \_\_\_\_\_

Year: Summer 2022

Name: \_\_\_\_\_

PLEASE PRINT

9. Student Type

- First time- never attended College
- Continuing from last semester
- K-12 Student (You Must complete the attached Permit to Register)
- First time at COS previously attended another college
- Returning to COS after an absence of one or more years

10.  Name of Last High School Attended & Graduation Date

High School: Carondelet High School  
 State: California Graduation Date: \_\_\_\_\_

The following information must be answered each term for reporting purposes

11. Educational Objective for Term

- Associate & Transfer
- Transfer without Associate
- Associate Degree
- Certificate of Achievement
- Discover Career Interest/Goal
- Improve basic skills
- Advance in career/update skills
- Maintain certification/license
- Educational Development
- Credits for HS diploma/GED
- Move noncredit to credit coursework
- Mtg 4-yr college req-4-yr student
- Undecided on goal
- Uncollected/Unreported

12. Residency Questions

Have you continuously lived in California for the past two years?  Yes  No  
 If no, specify state/country: \_\_\_\_\_ Dates: \_\_\_\_\_

What is your Driver's License #? \_\_\_\_\_ State: \_\_\_\_\_

Do you have a vehicle?  Yes  No  
 If yes, in what state is your vehicle registered? \_\_\_\_\_

Do you intend California to be your permanent residence?  Yes  No

Have you done any of the following in the past two years?

- Voted in another state or registered to vote in another state?  Yes  No  
 If yes, what state? \_\_\_\_\_
- Attended out-of-state college/university as a resident?  Yes  No
- Did you file California State Income Taxes for the past calendar year?  Yes  No

Students under 19 years old and unmarried ONLY

Are your parents or guardians California residents and continuously lived in California for the past two years?

- Yes  No

If yes, when did your parents enter California: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

*If yes all a birthdate for a parent/guardian*

13. Are you on any of the following economic assistance programs?

- TANF/AFDC/CalWORKs
- General Assistance
- SSI
- None

14. Are you a single parent with custody of a minor child?  Yes  No

15. Are you a displaced homemaker?  Yes  No

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

17. Are you or parent/guardian an honorably discharged Veteran?  Yes  No

Student Military Status

- Currently serving on active duty
- Veteran
- Member of the Active Reserve
- Member of the National Guard

Parent/Guardian Military Status

- Currently serving on active duty
- Veteran
- Member of the Active Reserve
- Member of the National Guard

18. Are you now or have you ever been in a court-ordered out of home placement such as a foster home, group home or court placement with a relative (AKA Foster youth). (If Yes answer Status below)  Yes  No
- Current in-state  Previous in-state  Previous temporary status
- Current out-of-state system  Previous out-of-state

19. Are you considered homeless (lacks a fixed, regular and adequate nighttime residence)  Yes  No

20. Were you subject to any stage of the criminal justice process?  Yes  No

21. Have you been unemployed for 27 weeks or longer?  Yes  No

22. Parent/Guardian Educational Level

Parent/Guardian 1

- Grade 9 or less
- Some high school
- High school graduate
- Some college
- Associate's degree (AA/AS)
- Bachelor's degree (BA/BS)
- Graduate or professional degree
- Not Applicable

Parent/Guardian 2

- Grade 9 or less
- Some high school
- High school graduate
- Not Applicable
- Associate's degree (AA/AS)
- Bachelor's degree (BA/BS)
- Graduate or professional degree
- Not Applicable

Term: \_\_\_\_\_

Please list the courses you wish to attend, with CRN (Course Registration Number) and Course		
CRN	Course	Course Title

Term: \_\_\_\_\_

Please list the courses you wish to attend, with CRN (Course Registration Number) and Course		
CRN	Course	Course Title

*I verify that I am responsible for the course choices listed above and that I have read any advisories in the COS Catalog. The information on this application is true and correct to the best of my knowledge. Falsification of any information may result in my dismissal from classes. I acknowledge I am responsible for payment of all fees related to the course(s) above.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Office USE only.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# K-12 Students - Special Admission Request

Any student who is attending a traditional K-12 school, high school completion program, or Adult School and is under the age of 23 must complete the information below.

Student's age and grade level on first day of COS course.

Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Current School: Carondelet High School

City: Concord State: CA

I hereby authorize COS to share academic (grades, status, GPA, unofficial transcripts) and billing information to the above school.

I hereby authorize COS to share academic (grades, status GPA) and billing information to: \_\_\_\_\_

The code word we will use for the release of information is: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that some course topics may not be appropriate for minors. These courses and grades will be recorded on the student's permanent college transcript. I understand that I need a FERPA release on file to access information on my student's College records.

School Official Signature: Kevin M. Cushing Date: 5/9/2022

School Official Name (please print): Kevin M. Cushing

Phone: 925-686-5353 Email: kcushing@carondeleths.org

I certify that this student will benefit from college level work and I **recommend** him/her for enrollment in the course(s) listed above. **(Education Code 76001-02) FOR SUMMER SESSION:** I certify that I have not recommended for enrollment in non-exempt courses at College of the Siskiyous more than five percent of the total number of pupils who completed the above named student's grade level. **(Education Code 48800)**

**STUDENTS AGE 15 and UNDER** (as of the first day of the COS semester) - need approval from Counseling Services.

Counseling Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Disapproved