

Registration Form

College of the Siskiyous

PLEASE COMPLETE THIS ENTIRE FORM— INCOMPLETE FORMS CANNOT BE PROCESSED

Weed Campus: 800 College Avenue, Weed, CA 96094 (530) 938-5500
 Yreka Campus: 2001 Campus Drive, Yreka, CA 96097 (530) 842-1245

You can also register on-line at www.siskiyous.edu
 Toll Free Number: 1-888-397-4339 (Fax 530-938-5367)

Year

Term

First

Last

PLEASE PRINT Name

1. Social Security Number /CCID

Student Identification Number

2. Legal Name

Last

First

Middle

3. List Any Other Last Names Used (if applicable)

4. Date of Birth

Month Day Year

5. Gender

1. Male
 2. Female

6. Local Mailing Address

City State

ZIP Country

Phone
 Area Code Phone Number

7. Permanent Mailing Address
 () Check if same as local

City State

ZIP Country

Phone
 Area Code Phone Number

8. Business or Daytime Phone

Area Code Phone Number

9. Citizenship

- | | |
|-----------------------|-----------------|
| 1. US Citizen | 5. Student Visa |
| 2. Permanent Resident | 6. Amnesty |
| 3. Temporary Resident | 7. Other Status |
| 4. Refugee/Asylee | |

If you did not specify U.S. citizen, please indicate the following:

Alien Registration Number or Visa Type _____
 Issue Date _____ Expiration Date _____

10. Ethnicity

Are you Hispanic? Yes No

What is your Race? Mark all that apply.

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

11. Directory Information

1. Yes 2. No

May the College release information regarding your attendance and residence to outside inquiries? This information would include your name, address, phone number, class schedule, and participation in COS activities. (By entering "No", your name will not appear in news media publications regarding sports, Pres/Dean lists, etc., unless your prior authorization is obtained)

1. Yes 2. No

I give College of the Siskiyous permission to use my photo in college related recruitment and promotional materials including web pages, brochures, flyers, catalogs and all other publications.

12. E-Mail Address

13. Emergency Contact

Name

Phone
 Area Code

14. Student Type - (Generally, first time college students must meet with Counseling Services Staff before registering.)

Recent (or upcoming June) high school graduates should select #1

1. First-time I've ever enrolled in college
2. First-time COS, previously attended another college
3. Returning to COS after an absence of one or more semesters
4. Continuing from last semester or summer session
5. K-12 Student

15. Length of time you have lived in California? _____

16. Residency Information—You must complete this section

What is your Driver's License #? _____ State _____

Do you have a vehicle? _____ Yes _____ No

If yes, in what state is your vehicle registered? _____

_____ Yes _____ No Have you continuously lived in California for the past two years? If no, specify state/country and dates

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

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

_____ Yes _____ No Voted in another state or registered to vote in another state? If yes, what state? _____

_____ Yes _____ No 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 - are your parents or guardians California residents? If yes, when did your parents enter California _____
Month Day Year

_____ Yes _____ No Students under 19 years old and unmarried - have your parents continuously lived in California for the past two years?

17. Educational Goal

- A. Associate & Transfer to 4-year
B. Transfer to 4-year Without Earning Associate Degree
C. 2-year Associate Degree (non-transfer)
D. 2-year Vocational Degree
E. Vocational Certificate
F. Discover career interest/goal
G. Prep for new career/job skills
H. Advance in career/update job skills
I. Maintain certificate/license
J. Educational development
K. Improve basic skills
L. Credits for HS diploma/GED
M. Undecided on goal
N. Move noncredit to credit coursework
O. Mtg 4-yr college req 4-yr student
X. Uncollected/Unreported

18. Educational Level

0. Non-High School Graduate
1. Currently Attending High School or Below Grade
2. Attending Adult School
3. High School Graduate
4. Received GED or HS Certificate of Equivalency/Completion
5. Received California High School Certificate of Proficiency
6. Foreign School Diploma/Certificate
7. Associate Degree
8. Bachelor Degree or Higher

Date the above education was completed, you must be a High School graduate or equivalent if you plan to receive Financial Aid.

19. Academic Major or Area of Interest. You must declare a major if you plan to receive Financial Aid.

20. Name of Last High School Attended

Graduation Date

State

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

1. TANF/AFDC/CalWORKs
2. SSI
3. General Assistance
4. Other: _____
5. None

22. Are you a single parent with custody of a minor child?

1. Yes 2. No

23. Are you a displaced homemaker?

A displaced homemaker is an adult who has worked to care for home and family and because of this responsibility is currently unable to find a job (or obtain a better paying job) due to a lack of training or labor market experience.

1. Yes 2. No

24. Are you a migrant worker or child of a migrant worker?

1. Yes 2. No

25. Are you an honorably discharged Veteran? If yes, Discharge date _____

Student Military Status (Y/N) Parent/Guardian Military Status (Y/N)
_____ Currently serving on active duty _____ Currently serving on active duty
_____ Veteran _____ Veteran
_____ Member of the Active Reserve _____ Member of the Active Reserve
_____ Member of the National Guard _____ Member of the National Guard

26. 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)?

_____ No/Never _____ Current out-of-state
_____ Current in-state system _____ Previous out-of-state
_____ Previous in-state _____ Previous temporary status

27. Parent/Guardian Educational Level

- Parent/Guardian 1 1. Grade 9 or less
2. Some high school
3. High school graduate
4. Some college
Parent/Guardian 2 5. Associate's degree (AA/AS)
6. Bachelor's degree (BA/BS)
7. Graduate or professional degree
8. Not Applicable

28. Need/Interests
(Check all that apply)

- _____ Intercollegiate Athletics _____ Disabled Student Services
_____ Basic Skills Tutoring (English, Reading, or Math) _____ EOPS/SSS
_____ Child Care _____ Financial Aid
_____ _____ CalWorks

Summer			
CRN	COURSE NUMBER	UNITS	
EXAMPLE			<i>Add Code</i>
1234	ENGL 1001	5.0	<i>or Initial</i>
#			
#			
#			
#			
#			
#			
#			
#			

Fall			
CRN	COURSE NUMBER	UNITS	
EXAMPLE			<i>Add Code</i>
1234	ENGL 1001	5.0	<i>or Initial</i>
#			
#			
#			
#			
#			
#			
#			
#			
#			

Winter			
CRN	COURSE NUMBER	UNITS	
EXAMPLE			<i>Add Code</i>
1234	ENGL 1001	5.0	<i>or Initial</i>
#			
#			
#			
#			
#			
#			
#			
#			
#			

Spring			
CRN	COURSE NUMBER	UNITS	
EXAMPLE			<i>Add Code</i>
1234	ENGL 1001	5.0	<i>or Initial</i>
#			
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PLEASE SIGN BELOW

I verify that I am responsible for the course choices listed above and that I have read the prerequisites and advisories for these courses in the College of the Siskiyous' Catalog. I understand that falsification, withholding pertinent information, or failure to report changes in residency may result in my dismissal.

I acknowledge that I am responsible for payment of my enrollment fees, nonresident tuition if applicable, and related course fees. I understand that failure to pay fees in a timely manner will result in a hold being placed on my account, preventing future enrollment, transcript requests, or receipt of other services until fees are paid in full. Fees for courses not dropped within the first 10% of the class, remain payable and are subject to collection. **Fees are subject to change.**



Student Signature _____ Date _____

Office Use Only

Entered by: _____ Date: _____

K-12 Students - Special Admission Request

Student's age and grade level on first day of COS course: Age: _____ Grade Level: _____

Current School: _____
School City State

Student Signature: _____ **Date:** _____
 I swear under penalty of perjury that the above information is true and correct.

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 have read the Release of Records for Minor Students policy on back page.

School Official Signature: _____ **Date:** _____

School Official Name (please print): _____ **Phone or Email:** _____

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 Siskiyou 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.

1. Course #1 COS Counseling Approved Disapproved: _____ **Date:** _____

2. Course #2 COS Counseling Approved Disapproved: _____ **Date:** _____

Steps to Enroll

Enrolling for Personal Enrichment/Maintain License etc.

Enrolling for Transfer/Degree/Certificate

Enrolling for Concurrent Enrollment (K-12)

Step 1—Obtain an COS Student ID
Apply through CCC Apply

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Step 2—Complete an Enrollment Registration Form or Register Online through your mySiskiyou account.

Step 2— Send all HS/College Transcripts to COS.

Step 2— Complete an Enrollment Registration Form.

Step 3—Pay for Class

Step 3— Set up a SOAR (Siskiyou Orientation Advising and Registration appointment).

Step 3—Get all the required signatures from your school/parents/etc.

Step 4—Pay for Classes

Step 4— Turn in Forms and pay for fees