



# Residency Reclassification Petition

This residency questionnaire is to be completed by the student requesting reclassification of residency status.

Reclassification requested for:  Fall  Spring  Summer Year: \_\_\_\_\_

**Personal Information: (Print full legal name. DO NOT use nicknames, initials or abbreviations)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Student ID # \_\_\_\_\_ DOB \_\_/\_\_/\_\_

**Current Address:**

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

**Will you be 19 years of age by the residency determination date (first day of instruction for the requested term)?**  
 Yes  No

**If YES, answer the questions 1-11 as they pertain to YOU.**

**If NO, answer questions 1-11 as they pertain to the natural/adopted parent(s) or legal guardian with whom you currently reside.**

Please identify the individual(s):  Both Parents  Mother  Father  Legal Guardian

Name(s): \_\_\_\_\_

**1. What is your legal status within the U.S.?**

- U.S. Citizen
- Permanent Resident A# \_\_\_\_\_ Issue Date \_\_/\_\_/\_\_ Expiration Date \_\_/\_\_/\_\_
- Asylee/Refugee Issue Date \_\_/\_\_/\_\_ Expiration Date \_\_/\_\_/\_\_
- Other Visa Issue Date \_\_/\_\_/\_\_ Expiration Date \_\_/\_\_/\_\_
- None of the above

**You are required to submit documentation of your status and/or documentation from U.S Citizenship and Immigration Services showing adjustment of status that meets eligibility requirements for tuition reclassification.**

<b>2</b>	When did your present stay in California begin?	Date __/__/__																								
<b>3</b>	What state do you regard as your permanent home?	State _____																								
<b>4</b>	If you have lived at your current address for less than two years, please list prior addresses below:  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Address _____</td> <td style="width: 15%;">City _____</td> <td style="width: 15%;">State _____</td> <td style="width: 10%;">Zip _____</td> </tr> <tr> <td colspan="4">From: __/__/__ To: __/__/__</td> </tr> <tr> <td colspan="4"> </td> </tr> <tr> <td colspan="4">From: __/__/__ To: __/__/__</td> </tr> <tr> <td colspan="4"> </td> </tr> <tr> <td colspan="4">Date you began living at your current address: _____</td> </tr> </table>	Address _____	City _____	State _____	Zip _____	From: __/__/__ To: __/__/__								From: __/__/__ To: __/__/__								Date you began living at your current address: _____				  Date __/__/__
Address _____	City _____	State _____	Zip _____																							
From: __/__/__ To: __/__/__																										
From: __/__/__ To: __/__/__																										
Date you began living at your current address: _____																										
<b>5</b>	Do you possess a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No State _____ Issue Date __/__/__																								
<b>6</b>	Current registration of all motor vehicles owned:	State _____ Issue Date __/__/__																								
<b>7</b>	Are you registered to vote?	<input type="checkbox"/> Yes <input type="checkbox"/> No State _____ Date Registered __/__/__																								
<b>8</b>	List the state and year in which the last two income tax returns were filed	State _____ year _____ State _____ year _____																								
<b>9</b>	Have you attended an out-of-state institution as a resident of that state within the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No State _____ Institution _____																								
<b>10</b>	Are all of your personal effects located in California?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain																								
<b>11</b>	Have you petitioned for divorce or annulment?	<input type="checkbox"/> Yes <input type="checkbox"/> No State _____ year _____																								

<b>MILITARY STATUS – For Active Military or Veteran Students only</b>		
12.	Are you an active member of the military stationed in California?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes please supply copies of orders &amp; military ID)</i>
13	What is your state of legal residence on military records? What state do you regard as your permanent home?	State _____ Home _____
14	If you are a dependant of an active duty military person, are you claimed as an exemption for federal and state income tax purposes by your sponsor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes please supply copies of orders in CA &amp; military ID, prior tax returns)</i>
15	What state is listed as your legal home on last year's FEDERAL income tax forms?	State _____
16	In what state did you file your STATE tax returns?	State _____
17	Have you been discharged from active military duty within the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, discharge date __/__/__
	What was your home of record on military records?	City/St _____ <b>(Please provide copy of DD214)</b>

<b>FINANCIAL INDEPENDENCE STATUS – this section must be completed by all students seeking reclassification</b>	
California Education Code (68044) requires that the financial independence of a non-resident student seeking reclassification as a resident must be included in the factors considered in the determination of residence. <b>Please answer all of the following questions.</b> Failure to provide complete information may result in non-resident classification (California Education Code 68041) Please note; additional documentation may be requested if deemed necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you between the ages of 19-24 years of age? <b>If YES</b> , you must provide both your state income tax and your parent's state income tax returns for the previous year. <b>If NO</b> , you must submit only your state tax returns for the previous year.	
Will your parent(s) claim you as a dependent exemption for state and federal tax purposes for the current or previous calendar years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received or will you receive more than \$750 in financial assistance from your parent(s) in the current or previous calendar years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you lived or will you live for more than six weeks with your parent(s) during the current or previous calendar years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**FINANCIAL INDEPENDENCE STATUS – this section must be completed by all students seeking reclassification**  
***I declare under penalty of perjury under the laws of the state of California that the statements and documents submitted by me are true and correct. I further understand that all materials submitted by me for the purposes of residency reclassification become the property of College of the Siskiyous District. I understand that falsification or withholding pertinent data shall constitute grounds for disciplinary action.***

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

***If you are under 19 years of age, please have your parent (s)/ legal guardian sign below:***

***I declare under penalty of perjury under the laws of the state of California that the statements and documents submitted by me are true and correct. I further understand that all materials submitted by me for the purposes of residency reclassification become the property of College of the Siskiyous District. I understand that falsification or withholding pertinent data shall constitute grounds for disciplinary action.***

Parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use Only</b>	
_____ Resident	_____ Non-Resident
Staff Signature _____	Date __/__/__
Comments:	