

Admissions & Records

College of the Siskiyous, 800 College Ave., Weed, CA 96094
Phone: (530) 938-5500 - Fax: (530) 938-5367 – Email: registration@siskiyous.edu

COS - Registration Form

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: _____ Last Term Attended: _____

2. **Personal Information**

Last: _____ First: _____ Middle: _____

Preferred Name: _____ Previous Name: _____

Date of Birth: _____ COS Student ID Number: _____

3. **Gender / Gender Designation**

Male Female Not-Transgender Transgender Decline to State

4. **Current Mailing Address**

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

5. **Current Physical Address**

Check if same as mailing address

Address: _____ City: _____ State: _____ Zip: _____

6. **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 _____

7. **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

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

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

Yes No

9. **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: _____

First: _____

Name Last: _____

PLEASE PRINT

10. 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

11. Name of Last High School Attended & Graduation Date

High School: _____ Graduation Date: _____ State: _____

The following information must be answered each term for reporting purposes

12. 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

13. Residency Questions

Have you continuously lived in California for the past two years? Yes No
 If no, specify state/country: _____ Dates: _____
 If no, length of time in California: _____
 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 no, when did your parents enter California: _____ / _____ / _____
 Month Day Year

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

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

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

16. Are you a displaced homemaker? Yes No

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

18. 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

19. 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)?

Yes No (If Yes answer Status below)

Current in-state Previous in-state Previous temporary status
 Current out-of-state system Previous out-of-state

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

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

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

23. 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
- Some college
- 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: _____

City: _____ State: _____

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. I swear under penalty of perjury that the above information is true and correct.

Check Below

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: _____

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)**

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

School Official Signature: _____

Date: _____

School Official Name (please print): _____

Phone: _____ Email: _____

Students Age 15 and Under (as of the first day of the COS semester) - need approval from COS Counseling Services.

Counseling Signature: _____

Date: _____

Approved Disapproved