



**Student Information**

Last Name:	First Name:	Middle:
Birth Date:	Place of Birth:	Age: Sex: <input type="checkbox"/> male <input type="checkbox"/> female
School:	Social Security Number: _____ - _____ - _____	Grade Level:
Street Address:	City:	State: Zip:
Home Phone:	Cell Phone:	Email:
Residency Status:  <input type="radio"/> US Citizen <input type="radio"/> Permanent Resident <i>NI</i> _____ <input type="radio"/> Other: _____	Ethnicity:  <input type="radio"/> Latino/Hispanic <input type="radio"/> Asian <input type="radio"/> African American <input type="radio"/> Anglo-Saxon <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> Decline to state <input type="radio"/> Other: _____	Preferred Language:  <input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Vietnamese <input type="radio"/> Other: _____
Will you be in need of any special accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____ <small>(wheelchair access, visual or hearing assistance)</small>		
Do you have a computer at home? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have internet access at home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
With whom do you live with? <input type="checkbox"/> Both parents <input type="checkbox"/> Mother/Stepmother <input type="checkbox"/> Father/Stepfather <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____		
List any brothers/sisters in grades 6-12 currently attending school:		
Name _____ School _____ Grade _____		
Name _____ School _____ Grade _____		

**Personal Records & Media Release**

I authorize the release of official records (i.e. student transcripts, progress reports, test scores (STAR test and CAHSEE results) free/reduced lunch records, etc.) and permission to verify postsecondary enrollment to the TRiO programs at Evergreen Valley College. I understand that the information in these records will be used only to assess the students need for program services, discern his/her educational progress, evaluate the effectiveness of program services, aid in completing postsecondary, financial aid, and scholarship applications, and fulfill statistical program requirements. I further understand that my records will be strictly confidential. In addition, I hereby give my permission for my child's name, photograph, work and/or statements to be used by TRiO for promotional, publicity, or instructional purposes.

Student Name (print) \_\_\_\_\_ Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Name (print) \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**-Office Use Only-**

Eligibility: LI & FG LI FG Neither Entry G.P.A.: MS \_\_\_\_\_ / HS \_\_\_\_\_ Graduation Year: 20 \_\_\_\_\_ Program: TS/UB

Admittance: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason: \_\_\_\_\_ Enter Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials \_\_\_\_\_

Approval: Academic Advisor: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Director: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**Parent/Guardian Information**

Directions- The following section must be completed by the parent/legal guardian. The purpose of this section is to determine program eligibility. The TRiO programs are required to verify that our participants meet the federal guidelines based on educational background and household income level.

Mother/Guardian Name:	Father/Guardian Name:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Level of Education Mother: <input type="radio"/> Less than High School <input type="radio"/> High School Diploma/GED <input type="radio"/> Two-year College <input type="radio"/> Four-year College  Do you have a Bachelor's Degree? If yes, please indicate where: _____  <input type="radio"/> Graduate/Professional	Level of Education Father: <input type="radio"/> Less than High School <input type="radio"/> High School Diploma/GED <input type="radio"/> Two-year College <input type="radio"/> Four-year College  Do you have a Bachelor's Degree? If yes, please indicate where: _____  <input type="radio"/> Graduate/Professional

Parent(s)/ Guardian Income Information  
Please check off the appropriate sources of family income: on the year 20\_\_\_\_

Mother/Guardian		Father/Guardian	
<input type="radio"/> Employment	\$ _____ per year	<input type="radio"/> Employment	\$ _____ per year
<input type="radio"/> Unemployment	\$ _____ per year	<input type="radio"/> Unemployment	\$ _____ per year
<input type="radio"/> Disability	\$ _____ per year	<input type="radio"/> Disability	\$ _____ per year
<input type="radio"/> Social Security	\$ _____ per year	<input type="radio"/> Social Security	\$ _____ per year
<input type="radio"/> Public Assistance	\$ _____ per year	<input type="radio"/> Public Assistance	\$ _____ per year
<input type="radio"/> Child Support	\$ _____ per year	<input type="radio"/> Child Support	\$ _____ per year
<input type="radio"/> Other _____	\$ _____ per year	<input type="radio"/> Other _____	\$ _____ per year

To Family (Taxable) Income \$ \_\_\_\_\_ /per year

What is the number of people in your household supported by this income, including the applicant? \_\_\_\_\_

1. Did you file a federal 1040/1040N/1040EZ/TeleFile Income Tax for the last calendar year?  Yes  No

\*If yes, how did you file?  Single  Married  Married Filing Separately  Head of Household  Married filed jointly

2. Is the applicant a foster child or ward of the court?  Yes  No

3. Does the applicant receive free or reduced lunch at school?  Yes  No

I certify the information provided above is true and correct and to the best of my knowledge. I understand that all information shared with the TRiO program and Evergreen Valley College is strictly confidential.

Parent or Guardian Name (please print) \_\_\_\_\_ Relationship \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_