



# Summer Enrollment/Registration Form

College of the Siskiyous Enrollment Services

Weed Campus: 800 College Avenue, Weed, CA 96094 (530) 938-5555

FAX 530-938-5367

E-Mail: [registration@siskiyous.edu](mailto:registration@siskiyous.edu)

PLEASE PRINT Name  
First  
Last  
Mi  
Spring  
Summer  
Fall  
Year

COS S# or SSN

### 1. Legal Name

Last

First

### 2. Demographic Information

#### A) Date of Birth

Month Day Year

#### B) Gender

1. Male

2. Female

### 3. Mailing Address

City

State

Zip

Phone

Email

### 4. Citizenship

1. US Citizen

2. Permanent Res (NUSC)

3. Temp Resident (NUSC)

4. Refugee/Asylee (NUSC)

5. Student Visa F1 M1 (NUSC)

6. Other Status (NUSC)

### 5. Ethnicity - Mark all that apply.

Asian

Chinese

Asian Indian

Japanese

Korean

Laotian

Cambodian

Vietnamese

Other Asian

Black Non-Hispanic

Filipino

Hispanic

Mexican/Mex-Am/

Chicano

Central American

South American

Other Hispanic

American Indian/

Other Non- White

Pacific Islander

Guamanian

Hawaiian

Samoan

Other Pac Islander

White-Non Hispanic

Decline to State

### 6. Directory Information

May the College release information regarding your attendance and residence to outside inquires? This information would include your name, address, phone number, class schedule, and participation in COS activities.

1. Yes 2. No

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

1. Yes 2. No

### 7. Residency Information

Are you a California Resident ?

1. Yes 2. No

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

Do you work for a California law enforcement or Fire agency?

yes  no

If yes, City \_\_\_\_\_ Department.

Length of Time you have lived in CA \_\_\_\_\_

Do you intend California to be your permanent home?  yes  no

Have you continuously lived in CA for the past two years?  yes  no  
If no, specify state/country and dates \_\_\_\_\_

Have you voted in another state/registered to vote in another state?

yes  no If yes, in what state? \_\_\_\_\_

Did you file CA State Income Taxes for the past calendar year?

yes  no

Students under 19 years old and unmarried, have your parents continuously lived in California?  yes  no

If no, when did you parents enter California?

Month Day Year

### 8. Student Type

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 terms
4. Continuing from last semester or summer session
5. K-12 Special Admit- School \_\_\_\_\_

### 9. Educational Goal

- A. Associate & Transfer to 4-yr
- B. Transfer to 4-year w/o Associate
- C. 2-year Associate Degree
- D. Vocational Certificate
- E. Discover Career interest/goal
- F. Prep for new career/job skills
- G. Advance in Current Job/Career (update job skills)
- H. Maintain Certificate or License
- I. Educational Development
- J. Improve Basic Skills (English, Reading, or Math)
- K. Credits for HS diploma/GED
- L. Undecided on goal
- M. To move from noncredit coursework to credit coursework
- N. Mtg 4-Yr college req-4-yr stud
- X. Uncollected/Unreported

### 10. 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

### 11. Name of Last High School Attended

Graduation Date

State



**12. VTEA Status—please answer:**

Are you on any of the following economic assistance programs?  
If yes, check the appropriate box.

- TANF    SSI    General Assistance    Other    None  
 Are you a single parent with custody of a minor child?  
 Are you a displaced homemaker?  
 Are you registering for Cooperative Work Experience?  
 Are you a Migrant worker or a child of a Migrant worker?  
 Are you registering to improve Basic Skills?

**13. Are you an honorably discharged Veteran?**

1. Yes   2. No  If yes, Discharge Date \_\_\_\_\_

Student Military Status  
*Check all that apply*

Parent/Guardian Military Status

- 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

**14. Foster Youth?**

1. Yes   2. No

**15. Parent/ Guardian Educational Level**

Parent/Guardian 1    Parent /Guardian 2

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

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

CRN	Course Number

*I verify that I am responsible for the course choices listed below 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

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Current School:** \_\_\_\_\_

Student Signature: \_\_\_\_\_ School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ 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 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 Counselor approval.

**1. Course #1 COS Counseling**  Approved  Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_

**2. Course #2 COS Counseling**  Approved  Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_