

Enrollment/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) 938-5555
 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)

PLEASE PRINT Name

Last

First

Mi

Spring

Summer

Fall

Year

1. Social Security Number

2. Legal Name

Last

First

MI

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

4. Date of Birth

Month Day Year

5. Gender

1. Male
 2. Female

6. Ethnicity

Are you Hispanic or Latino? Yes No

What is your race/ethnicity? Mark all that apply.

- | | |
|------------------------------------|---------------------------|
| Mexican, Mexican-American, Chicano | Filipino |
| Central American | Asian Other |
| South American | Black or African American |
| Hispanic Other | American Indian/Alaskan |
| Asian Indian | Native |
| Chinese | Guamanian |
| Japanese | Hawaiian |
| Korean | Samoa |
| Laotian | Pacific Islander Other |
| Cambodian | White |
| Vietnamese | |

7. Primary Language

1. English
 2. Language other than English

8. Citizenship

1. US Citizen 4. Refugee/Asylee
 2. Permanent Resident 5. Student Visa
 3. Temporary Resident 6. Other

9. Enrollment Status - (Generally, first time college students must meet with Counseling Services Staff before registering.)

2009 high school graduates should select Item #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

10. Educational Goal

1. Obtain a Bachelor Degree after earning Associate Degree
 2. Obtain a Bachelor Degree without earning Associate Degree
 3. Obtain Associate Degree (non-transfer)
 4. Obtain Vocational Associate Degree (non-transfer)
 5. Obtain Vocational Certificate (non-transfer)
 6. Discover/Formulate Career Interests, Plans, Goals
 7. Prepare for a new Career (acquire job skills)
 8. Advance in Current Job/Career (update job skills)
 9. Maintain Certificate or License
 10. Personal Enrichment
 11. Improve Basic Skills (English, Reading, or Math)
 12. Pursue High School Diploma/GED
 13. Undecided on goal
 14. To move from noncredit coursework to credit coursework
 15. Four year college student taking courses to meet four year college requirements

11. Academic Major or Area of Interest

12. News/Publication Information

May the College release to the news media, information/photos regarding your participation in COS activities (sports, graduation information, Dean/Pres. Lists, etc.)?

1. Yes 2. No

13. Directory Information

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.

1. Yes 2. No

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

15. 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? **continued....**

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?

16. Local Mailing Address

City _____ State _____
ZIP _____ Country _____
() _____
Area Code Phone Number

17. Permanent Mailing Address () Check if same as above

City _____ State _____
ZIP _____ Country _____
() _____
Area Code Phone Number

18. E-Mail Address (optional)

19. Educational Status

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

20. Year in which above education was completed

21. Name of Last High School Attended

State _____

22. Are you economically disadvantaged?

Economically disadvantaged means an adult who is eligible for public assistance or student financial aid or has an annual income level at or below \$15,600 for single persons or \$21,000 per couple, plus \$5,400 per dependent child.

1. Yes 2. No

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

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

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

1. Yes
2. No

25. 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

26. Did either of your parents receive a Bachelor degree or higher ?

1. Yes
2. No

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

Yes No

28. Emergency Contact

Name _____
Phone _____
Area Code _____

29. Special Services Needed (List all that apply)

1. Financial Aid
2. Child Care
3. Disabled Student Services
4. Transfer Services
5. Employment Assistance
6. Basic Skills Tutoring (English, Reading or Math)
7. Academic Tutoring
8. CalWorks

30. Matriculation Information

Yes No Do you have an Associate, Bachelor or higher degree?

Yes No Are you taking courses only for personal enrichment and/or professional enrichment?


31. Business or daytime phone (optional)

SECTION #	COURSE NUMBER	UNITS
	Example	
W1234	MATH 56	5.0
#		
#		
#		
#		
#		
#		
#		
#		
#		
#		
#		
#		
#		

Office Use Only
Counseling Dept.: _____ Date: _____
Entered by: _____ Date: _____
BOGW A B C: \$ _____
Cash: \$ _____ Refund: \$ _____
CK#: _____
SOU: \$ _____ OIT: \$ _____
Out-of-state \$ _____
Mail-in: _____ Recon: _____
Notes: _____

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.

 **Student Signature** _____ **Date** _____

Associated Student Body Card (Optional) \$10 Yes *** No**

This card is optional and may be purchased at registration or anytime during the semester. Must be obtained at the Weed Campus during Associated Student Body (ASB) office hours. For information regarding office hours, please contact the ASB Office at (530) 938-5280.

Card Benefits:

- Discounts at all COS dances
- Discounts on COS Theater productions
- Discounts on COS movies
- Discount on locker rental
- Discounts at participating local businesses, restaurants, and recreational establishments within the county
- Eligibility for free *limited* legal consultation services
- Eligibility for campus club memberships
- Eligibility for free Community Concert tickets

See back page for additional fee information

SCHEDULE OF FEES 2009-10

1. Enrollment Fee-\$26* per unit (\$13 per 1/2 unit) \$ _____

Refund Policy

100% enrollment fee refund will be issued to students who reduce their units of enrollment no later than the end of the second week of instruction or 10 percent of the class length for short-term and late-start classes. Check with the Admissions & Records Office for exact refund dates. Students will receive a 100 percent refund if class is cancelled by the College. Refunds will be applied to any unpaid balance due to COS first.

Please Note: If registering for a zero unit class only, you pay just the health fee and any other fees associated with the class.

*** Enrollment Fee subject to change after approval of 2009-10 State Budget.**

2. Health Fee-\$15 (12 or more units), **\$12** (less than 12 units) **per semester** \$ _____

Refund Policy

A refund of the Health Fee will be issued to a student who completely withdraws from the College **prior** to the first day of class.

For Health Fee Waiver/Exemption, please refer to Schedule of Classes for more information.

3. Student Representation Fee-\$1 per semester (non-refundable fee) \$ _____

The Student Representation Fee helps students by supporting their student government efforts. You may for religious, political, financial or moral reasons waive this fee.

4. Non-Resident Tuition Fee-\$199 per unit (\$99.50 per 1/2 unit) \$ _____

Refund Policy

Non-resident tuition fee refunds will be issued in accordance with the Out-of-State Tuition Refund Schedule published in the COS Catalog.

Non-resident students must also pay the per unit Enrollment Fee.

5. Interstate Exchange Enrollment Fee-\$42 per unit (\$21 per 1/2 unit) \$ _____

Students attending under the Interstate Exchange Program with Southern Oregon University or Oregon Institute of Technology pay \$42 per unit.

Refund Policy -Interstate Exchange fee refunds will be made in accordance with the Out-of-State Tuition Refund Schedule published in the COS Catalog.

6. Associated Student Body Card—\$10 each semester (optional) \$ _____

See previous page for card benefits.

If you are using a Board of Governors Fee Waiver (BOGFW), please submit a completed form when you register. Fees may be paid with cash, first-party checks, Discover, MasterCard, Visa or money order. **You will receive a copy of your receipt/class schedule for fees paid, please retain for your records.**