



Hartnell College / South Bay Regional Public Safety Training Consortium  
**SPECIAL SHORT APPLICATION**  
**APPLICATION FOR ADMISSION**

TERM FOR WHICH YOU ARE APPLYING:

- SUMMER
- FALL/WINTER
- SPRING

READ CAREFULLY. WRITE CLEARLY WITH BLUE OR BLACK INK. PLEASE SIGN APPLICATION.

<b>1</b> POST ID	<b>2</b> PLACE OF BIRTH	<b>3</b> BIRTHDATE	<b>4</b> GENDER																									
<b>5</b> LAST NAME		<b>5</b> FIRST NAME		MIDDLE																								
<b>6</b> ETHNIC BACKGROUND (INDICATE NUMBER IN BOX)																												
<table style="width: 100%; font-size: small;"> <tr> <td><input type="checkbox"/> 10. White, Non-Hispanic</td> <td><input type="checkbox"/> 24. Laotian</td> <td><input type="checkbox"/> 28. Other Asian</td> <td><input type="checkbox"/> 43. South American</td> <td><input type="checkbox"/> 62. Hawaiian</td> <td><input type="checkbox"/> 80. Other, Non-White</td> </tr> <tr> <td><input type="checkbox"/> 21. Chinese</td> <td><input type="checkbox"/> 25. Cambodian</td> <td><input type="checkbox"/> 30. Black, Non-Hispanic</td> <td><input type="checkbox"/> 44. Other Hispanic</td> <td><input type="checkbox"/> 63. Samoan</td> <td><input type="checkbox"/> 99. Decline to State</td> </tr> <tr> <td><input type="checkbox"/> 22. Japanese</td> <td><input type="checkbox"/> 26. Vietnamese</td> <td><input type="checkbox"/> 41. Mexican</td> <td><input type="checkbox"/> 50. American Indian, Alaskan</td> <td><input type="checkbox"/> 64. Other Pacific Islander</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 23. Korean</td> <td><input type="checkbox"/> 27. Indian Subcontinent</td> <td><input type="checkbox"/> 42. Central America</td> <td><input type="checkbox"/> 61. Guamanian</td> <td><input type="checkbox"/> 70. Filipino</td> <td></td> </tr> </table>					<input type="checkbox"/> 10. White, Non-Hispanic	<input type="checkbox"/> 24. Laotian	<input type="checkbox"/> 28. Other Asian	<input type="checkbox"/> 43. South American	<input type="checkbox"/> 62. Hawaiian	<input type="checkbox"/> 80. Other, Non-White	<input type="checkbox"/> 21. Chinese	<input type="checkbox"/> 25. Cambodian	<input type="checkbox"/> 30. Black, Non-Hispanic	<input type="checkbox"/> 44. Other Hispanic	<input type="checkbox"/> 63. Samoan	<input type="checkbox"/> 99. Decline to State	<input type="checkbox"/> 22. Japanese	<input type="checkbox"/> 26. Vietnamese	<input type="checkbox"/> 41. Mexican	<input type="checkbox"/> 50. American Indian, Alaskan	<input type="checkbox"/> 64. Other Pacific Islander		<input type="checkbox"/> 23. Korean	<input type="checkbox"/> 27. Indian Subcontinent	<input type="checkbox"/> 42. Central America	<input type="checkbox"/> 61. Guamanian	<input type="checkbox"/> 70. Filipino	
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<b>7</b> EMAIL ADDRESS (IF ANY)																												
<b>ADDRESS</b>																												
<b>8</b> NUMBER AND STREET				<b>8</b> DAYTIME PHONE																								
<b>8</b> CITY		<b>8</b> STATE	<b>8</b> ZIP CODE	<b>8</b> EVENING PHONE																								
<b>RESIDENCY AND CITIZENSHIP</b>																												
<b>9</b> IS ENGLISH YOUR PRIMARY LANGUAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>10</b> ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO																										
<b>COMPLETE THE FOLLOWING SECTION IF NOT A U.S. CITIZEN</b>																												
<b>11</b> RESIDENT STATUS (INDICATE NUMBER IN BOX)		<table style="width: 100%; font-size: small;"> <tr> <td><input type="checkbox"/> 2. Permanent Resident (INS # _____)</td> <td><input type="checkbox"/> 5. Refugee/Asylee</td> </tr> <tr> <td><input type="checkbox"/> 3. Temporary Resident (INS # _____)</td> <td><input type="checkbox"/> 6. Student Visa Status (F-1 or M-1)</td> </tr> <tr> <td><input type="checkbox"/> 4. Amnesty</td> <td><input type="checkbox"/> 7. Other Status (Specify _____)</td> </tr> </table>		<input type="checkbox"/> 2. Permanent Resident (INS # _____)	<input type="checkbox"/> 5. Refugee/Asylee	<input type="checkbox"/> 3. Temporary Resident (INS # _____)	<input type="checkbox"/> 6. Student Visa Status (F-1 or M-1)	<input type="checkbox"/> 4. Amnesty	<input type="checkbox"/> 7. Other Status (Specify _____)	DATE OF ISSUE OF VISA																		
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COUNTRY OF CITIZENSHIP		PORT OF ENTRY	VISA EXPIRATION DATE																									
<b>12</b> HAVE YOU LIVED IN CALIFORNIA FOR MORE THAN TWO YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>13</b> DATE CURRENT STAY IN CALIFORNIA BEGAN																										
<b>COMPLETE THE FOLLOWING SECTION IF YOU HAVE NOT LIVED IN CALIFORNIA FOR MORE THAN TWO YEARS</b>																												
<b>14</b> DO YOU INTEND FOR CA. TO BE YOUR PERM. RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>15</b> DID YOU FILE CA. INCOME TAX LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>16</b> HAVE YOU PETITIONED FOR DIVORCE IN ANOTHER STATE IN THE LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO																									
<b>17</b> HAVE YOU ATTENDED AN OUT-OF-STATE COLLEGE OR UNIVERSITY IN THE LAST YEAR AS A RESIDENT OF THAT STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO																												
<b>18</b> DRIVER'S LICENSE OR I.D. STATE	DATE ISSUED	VEHICLE REGIST. STATE	DATE ISSUED	VOTER REGIST. STATE	DATE ISSUED																							
<b>19</b> LIST STATES YOU HAVE LIVED IN THE PAST TWO YEARS		FROM	TO	FROM	TO																							
<b>EDUCATION</b>																												
<b>20</b> HIGHEST EDUCATIONAL LEVEL COMPLETED (INDICATE NUMBER IN BOX)		YEAR AWARDED	<table style="width: 100%; font-size: small;"> <tr> <td><input type="checkbox"/> 1. Not a graduate of High School</td> <td><input type="checkbox"/> 4. Cert. of High School Proficiency</td> <td><input type="checkbox"/> 7. Received Baccalaureate Degree</td> </tr> <tr> <td><input type="checkbox"/> 2. Received High School Diploma</td> <td><input type="checkbox"/> 5. Foreign High School Graduate</td> <td><input type="checkbox"/> 8. Higher Degree</td> </tr> <tr> <td><input type="checkbox"/> 3. GED or Cert. of Equivalency</td> <td><input type="checkbox"/> 6. Received Associate Degree</td> <td></td> </tr> </table>			<input type="checkbox"/> 1. Not a graduate of High School	<input type="checkbox"/> 4. Cert. of High School Proficiency	<input type="checkbox"/> 7. Received Baccalaureate Degree	<input type="checkbox"/> 2. Received High School Diploma	<input type="checkbox"/> 5. Foreign High School Graduate	<input type="checkbox"/> 8. Higher Degree	<input type="checkbox"/> 3. GED or Cert. of Equivalency	<input type="checkbox"/> 6. Received Associate Degree															
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<b>21</b> EDUCATIONAL GOAL (INDICATE NUMBER IN BOX)		<table style="width: 100%; font-size: small;"> <tr> <td><input type="checkbox"/> 1. Personal Interest</td> <td><input type="checkbox"/> 4. Obtain an Associate Degree</td> <td><input type="checkbox"/> 7. Prepare for a new career</td> <td><input type="checkbox"/> 10. Educational development</td> </tr> <tr> <td><input type="checkbox"/> 2. Transfer to College w/Associate Deg.</td> <td><input type="checkbox"/> 5. Vocational Certificate</td> <td><input type="checkbox"/> 8. Advance in current career</td> <td><input type="checkbox"/> 11. Improve English, reading, math</td> </tr> <tr> <td><input type="checkbox"/> 3. Transfer to College w/o Associate Deg.</td> <td><input type="checkbox"/> 6. Discover career interests</td> <td><input type="checkbox"/> 9. Maintain certificate/license</td> <td><input type="checkbox"/> 12. Complete credits for high school</td> </tr> </table>			<input type="checkbox"/> 1. Personal Interest	<input type="checkbox"/> 4. Obtain an Associate Degree	<input type="checkbox"/> 7. Prepare for a new career	<input type="checkbox"/> 10. Educational development	<input type="checkbox"/> 2. Transfer to College w/Associate Deg.	<input type="checkbox"/> 5. Vocational Certificate	<input type="checkbox"/> 8. Advance in current career	<input type="checkbox"/> 11. Improve English, reading, math	<input type="checkbox"/> 3. Transfer to College w/o Associate Deg.	<input type="checkbox"/> 6. Discover career interests	<input type="checkbox"/> 9. Maintain certificate/license	<input type="checkbox"/> 12. Complete credits for high school												
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<b>22</b> LAST HIGH SCHOOL ATTENDED		<b>22</b> CITY, COUNTY AND/OR STATE		<b>22</b> YEAR																								
<b>23</b> LAST COLLEGE ATTENDED		<b>23</b> CITY, COUNTY AND/OR STATE		<b>23</b> YEAR																								
<b>24</b> WHAT IS YOUR COLLEGE MAJOR?																												
<b>25</b> HOW MANY HOURS DO YOU PLAN TO WORK PER WEEK?		<b>26</b> ARE YOU A VETERAN OF THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO																										
<b>27</b> CAN WE RELEASE PERSONAL INFORMATION WITHOUT YOUR CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO																												

**TO BE SIGNED BY ALL APPLICANTS**

*I declare under penalty of perjury that the statements and information submitted in this admissions application are true and correct. I understand that all materials submitted by me for purposes of admission become the property of the South Bay Regional Public Safety Training Consortium. I also understand that falsification, withholding pertinent data or failure to report changes in residency or education status may result in my dismissal. Finally, in registering for future terms, I agree to provide true and correct information about any change in my educational status.*

<b>STUDENT SIGNATURE</b>	<b>DATE</b>
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