

Rancho Santiago Community College District

Santa Ana College | Santiago Canyon College
ADMISSION APPLICATION

CHOOSE: Institution of Academic/Financial Record



OFFICE USE ONLY

Colleague ID #: _____

- CA Resident CAP-L MCHS
- Non-Resident/U.S. CAP-U
- Non-Resident/Not U.S. Other Status: _____

Section #: _____

Staff Initials: _____ Date: _____

Please use **BLACK** or **BLUE** ink only

Have you attended Santa Ana College, Santiago Canyon College or RSCCD Continuing Education before?..... Yes No

Have you been employed by RSCCD before?..... Yes No

1. USE LEGAL NAME ONLY

_____ Last Name First Name Middle Name

2. PERMANENT ADDRESS (NO P.O. BOXES)

_____ Number and Street / Apt # City State Zip

3. MAILING ADDRESS (Leave blank if same as permanent address)

_____ Number and Street / Apt # City State Zip

4. PHONE NUMBER(S)

Daytime: _____ - _____ - _____

Evening: _____ - _____ - _____

5. SOCIAL SECURITY NUMBER

_____ - _____ - _____

6. DATE OF BIRTH

____/____/____

AGE: _____

7. ETHNIC BACKGROUND & GENDER

(See Code Sheet)

X _____ Male

Female

8. E-MAIL

_____ @ _____

9. PREVIOUS NAME

_____ Previous Last Name Previous First Name Previous Middle Name

10. FAMILY EDUCATION RIGHTS AND PRIVACY ACT

The College receives inquiries from a variety of persons and agencies requesting directory information. This includes name, city of residence, major, dates of attendance, degree and awards earned, the most recent previous educational institution attended by the student, participation in officially recognized college activities and sports, weight, height, and age. NOTE: Blocking this information may prevent a prospective employer from receiving your major and degree information.

I CONSENT TO RELEASE THIS DIRECTORY INFORMATION? Yes No

11. COUNTRY OF CITIZENSHIP:

Please complete the following (Immigration Status):

- 1 U.S. Citizen 5 Student Visa (F-1)
- 2 Permanent Resident 6 Other Status (Visa type _____)
- 3 Temporary Resident (Amnesty)
- 4 Refugee/Asylee

A#: _____ Date of visa/resident card issue: _____ / _____ / _____ Expiration date: _____ / _____ / _____

Mo. Date Year Mo. Date Year

SEVIS#: _____ FPER

Office Use Only: International Office Approval: _____

12. TERM APPLYING FOR

- Fall Intersession
- Spring
- Summer Year: 20 09

13. ACADEMIC PROGRAM

(See Code Sheet)
SAC CJLE CA
(Application cannot be processed without Academic Program)

14. ADMIT STATUS

- 1 First Time Student
- 2 First-Time Transfer Student
- 3 Returning Student
- 5 Continuing Student ENTER CODE
- Y K-12

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CNOA 2009 INSTITUTE
MEMBERSHIP REGISTRATION (REQUIRED) POST I.D.#

		(Use for Spouse Pre-Registration)
Name, printed↑		Spouse's Name, printed↑
Employing Agency Name↑		Title
Assignment		First name you go by↑
Work Location Street Address↑ <input type="checkbox"/> Same as Section 2		Agency Phone Number↑
Work Location City, State, Zip Code↑		Agency FAX Number↑
Mailing Street Address,↑		
Residence City, State, Zip Code↑		Residence Phone Number
<input type="checkbox"/> If you want mail sent to your home check here <input type="checkbox"/> otherwise we'll send your mail to your agency.		
Internet E-mail address↑		Pager Number↑

PRE-PAYMENT Registration: \$490* (Must be postmarked by October 21, 2009)

DOOR & LATE Registration: \$540* (after October 21, 2009)

**Includes Annual Membership Dues for 2010, LIFE Members may deduct \$75*

SPOUSE Registration (NEW!): \$75 (Spouse or Significant Other Must be "Non-Sworn".
 Spouse Registration is Limited to Social Events and Spouse Classes only!)

College tuition will be paid by CNOA

To guarantee you are pre-registered make sure you have done the following:





- Completely filled out the "Registration Form" (Including College Portion-We need it!)
- Included an acceptable form of payment or purchase order.
- Make sure your package is postmarked no later than October 21, 2009.

Please **mail** your completed *Registration Form*, along with *payment* or valid purchase order:

CNOA, PO Box 55009, Santa Clarita CA 91385-0009

Please note, registrations will not be accepted by fax.

IMPORTANT! Please do not submit your paperwork more than once, doing so will delay processing

Note: Registrations will <u>not</u> be accepted without payment!								
METHOD OF PAYMENT: <input type="checkbox"/> Check/ Money Order <input type="checkbox"/> Purchase Order please attach copy of P.O.  PO # CNOA's TAX ID# 23-7085962	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX	Credit Card Number↑	Expiration Date↑					
	Name as it appears on card↑							
	Signature↑							
	<table border="0"> <tr> <td> FOR OFFICE USE ONLY</td> <td>CNOA Member ID #</td> <td>S.S.#</td> <td>CNOA Region #</td> <td>Member Type</td> </tr> </table>				 FOR OFFICE USE ONLY	CNOA Member ID #	S.S.#	CNOA Region #
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CANCELLATION POLICY: Cancellations and requests for refunds must be received in writing. Cancellations received prior to October 21, 2009 will be charged a \$35 cancellation fee. Registrations canceled after October 21, 2009, and "no-shows" will not be refunded. Substitutions will be accepted through November 24, 2009. *Membership is non-refundable or transferable). All Refunds will be processed AFTER the Institute*

Phone (661) 775-6960 / (877) 775-NARC / www.cnoa.org

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