

Rancho Santiago Community College District**Santa Ana College | Santiago Canyon College
ADMISSION APPLICATION****CHOOSE: Institution of Academic/Financial Record**

- ☐  **SANTA ANA COLLEGE**
- ☐  **Santiago Canyon College**

OFFICE USE ONLY

Colleague ID # _____ Staff Initials _____
Section # _____ Date: _____

- | | |
|--|--|
| <input type="checkbox"/> A A AB540 (Resident) | <input type="checkbox"/> CAPL CAP-Lower Grades 8 & Below |
| <input type="checkbox"/> B C Care & Control (Resident) | <input type="checkbox"/> CAPU CAP-Upper Grades 9-12 |
| <input type="checkbox"/> C E Exception (Resident) | <input type="checkbox"/> CLNRW CAP L NonRes Tuition Waiver |
| <input type="checkbox"/> D F Foreign Country Resident | <input type="checkbox"/> CUNRW CAP U NonRes Tuition Waiver |
| <input type="checkbox"/> E N Out of State Resident | <input type="checkbox"/> MCHS Middle College High School |
| <input type="checkbox"/> F R California Resident | <input type="checkbox"/> RGLR Regular Student |

Please Use Black or BLUE ink only

Have you attended Santa Ana College, Santiago Canyon College or RSCCS 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 & GENDER

_____ - _____ - _____

☐ Male☐ Female**6. DATE OF BIRTH**

____/____/____

AGE: _____

7. ETHNIC☐ HIS - Hispanic☐ NHS- Non Hispanic/Latino☐ NOA- Not Answered**8. RACE(S)**

(See Code Sheet)

1. _____ 3. _____

2. _____ 4. _____

9. E-MAIL

_____ @ _____

10. PREVIOUS NAME

Previous Last Name

Previous First Name

Previous Middle Name

11. 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**12. 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: _____

13. TERM APPLYING FOR☐ Fall☐ Intersession☐ Spring☐ Summer

Year: 20 ____

14. ACADEMIC PROGRAM

(See Code Sheet)

(Application cannot be processed
without Academic Program)

15. ADMIT STATUS

1 First Time Student

2 First-Time Transfer Student

3 Returning Student

4 Continuing Student

Y Y K-12

ENTER CODE

