



School of Extended Learning

NONCREDIT APPLICATION FOR ADMISSION

(Adult High School/ GED)

Term Applying For:
 Summer Fall Spring
 Year _____

Full Legal Name:

LAST: _____

FIRST: _____

MIDDLE: _____

Previous Name on Academic Records:

LAST: _____ FIRST _____ MIDDLE _____

Email: _____

Date of Birth: ____/____/____ Age: _____
 (Minor Enrollment form required if under 18 years of age)

Gender: Male Female Decline to state

Current Mailing Address:

Number & Street _____ Apt. _____

City _____ State _____ Zip _____

Country, if other than U.S. _____

Telephone Number () _____

Educational Level:

(As of the start of application term, you are or will be)

- (0) Not a graduate of, and no longer enrolled in high school
- (1) Currently enrolled in K-12 (high school)
- (2) Enrolled in Adult High School
- (3) Received high school diploma from U.S. school
- (4) Passed the GED/received a High School Certificate of Equivalency
- (5) Received a Certificate of California High School Proficiency
- (6) Received diploma of graduation from a foreign Secondary School
- (7) Associate Degree
- (8) Bachelor Degree or higher

Race/Ethnicity :

Are you of Hispanic or Latino ethnicity? Yes No *(check one or more)*

- | | |
|---|---|
| <input type="checkbox"/> 01- Hispanic, Latino | <input type="checkbox"/> 12- Asian Vietnamese |
| <input type="checkbox"/> 02- Mexican, Mexican-American, Chicano | <input type="checkbox"/> 13- Filipino |
| <input type="checkbox"/> 03- Central American | <input type="checkbox"/> 14- Asian Other |
| <input type="checkbox"/> 04- South American | <input type="checkbox"/> 15- Black or African American |
| <input type="checkbox"/> 05- Hispanic Other | <input type="checkbox"/> 16- American Indian/Alaskan Native |
| <input type="checkbox"/> 06- Asian Indian | <input type="checkbox"/> 17- Pacific Islander Guamanian |
| <input type="checkbox"/> 07- Asian Chinese | <input type="checkbox"/> 18- Pacific Islander Hawaiian |
| <input type="checkbox"/> 08- Asian Japanese | <input type="checkbox"/> 19- Pacific Islander Samoan |
| <input type="checkbox"/> 09- Asian Korean | <input type="checkbox"/> 20- Pacific Islander Other |
| <input type="checkbox"/> 10- Asian Laotian | <input type="checkbox"/> 21- White |
| <input type="checkbox"/> 11- Asian Cambodian | |

Education Goal:

(L) Complete credits for high school diploma or GED

Intended Major/Program of Study:

- High School Diploma (includes credit recovery) (AH-AHSDPL-D)
- GED (AH-GEDSTD-CC)
- Bilingual GED (AH-GEDBIL-CC)

High School Last Attended

High School Name _____

Number & Street _____ Apt. _____

City _____ State _____ Zip _____

Country, if other than U.S. _____

Graduation Date: (MM/DD/YYYY) _____

Parents / Guardian Education Level:

(Regardless of your age, please indicate the education levels of the parents and/or guardians who raised you)

Parent / Guardian #1	Parent / Guardian #2
<input type="checkbox"/> (1) Grade 9 or less	<input type="checkbox"/> (1) Grade 9 or less
<input type="checkbox"/> (2) Some high school; did not graduate	<input type="checkbox"/> (2) Some high school; did not graduate
<input type="checkbox"/> (3) High School graduate	<input type="checkbox"/> (3) High School graduate
<input type="checkbox"/> (4) Some college; no degree	<input type="checkbox"/> (4) Some college; no degree
<input type="checkbox"/> (5) Associate's Degree	<input type="checkbox"/> (5) Associate's Degree
<input type="checkbox"/> (6) Bachelor's Degree	<input type="checkbox"/> (6) Bachelor's Degree
<input type="checkbox"/> (7) Graduate or professional degree beyond BA/BS	<input type="checkbox"/> (7) Graduate or professional degree beyond BA/BS
<input type="checkbox"/> (X) Unknown	<input type="checkbox"/> (X) Unknown
<input type="checkbox"/> (Y) No parent or guardian	<input type="checkbox"/> (Y) No parent or guardian

Prior College(s): (attach separate sheet if needed)

College Name _____

Number & Street _____ Apt. _____

City _____ State _____ Zip _____

Country, if other than U.S. _____

Attended: From(MM/DD/YYYY) _____ To (MM/DD/YYYY) _____

To be signed by all students

I declare under penalty of perjury that the statements submitted by me are true and correct. All materials submitted by me for the purposes of admission become the property of Santa Barbara City College. I understand that falsification, withholding pertinent data, or failure to report change in residence may result in my dismissal.

Student Signature _____ Date: _____

Registration Worksheet

Formulario de matrícula



SBCC ID Number: K00 _ _ _ _ _

<u>Add</u> Agregar	<u>Drop</u> Dar de baja	<u>Section CRN</u> # de sección de la clase	<u>Subject</u> Nombre de la clase	<u>Instructor Signature for Permission to Add a Closed Class</u>
Add <input type="checkbox"/>	Drop <input type="checkbox"/>			
Add <input type="checkbox"/>	Drop <input type="checkbox"/>			
Add <input type="checkbox"/>	Drop <input type="checkbox"/>			
Add <input type="checkbox"/>	Drop <input type="checkbox"/>			
Add <input type="checkbox"/>	Drop <input type="checkbox"/>			
Add <input type="checkbox"/>	Drop <input type="checkbox"/>			
Add <input type="checkbox"/>	Drop <input type="checkbox"/>			
Add <input type="checkbox"/>	Drop <input type="checkbox"/>			
Add <input type="checkbox"/>	Drop <input type="checkbox"/>			

Return to: Santa Barbara City College / Schott Campus
Information and Registration Office
310 W. Padre St., Santa Barbara, CA 93105

OR: Santa Barbara City College / Wake Campus
Information and Registration Office
300 N. Turnpike Rd., Santa Barbara, CA 93111

For Office Use Only: Banner ID _____
Entered by: _____ Date: _____