

STATEMENT OF LEGAL RESIDENCE

To Be Completed By All Students—SIGNATURE REQUIRED

BE SURE TO ANSWER ALL QUESTIONS AND SIGN BELOW:

Social Security #:

Name: _____
(print)

9. Date of Entry to California (required information)

10. Place of birth (state or country) _____

11. Have you continuously lived in California for the last 2 years?

Yes No

a. List states lived in during the last two years, with dates:

State _____ from _____ to _____

State _____ from _____ to _____

12. My intent is to maintain California as my home.

Yes No If not, where? _____

13. Did you file California State Income Tax the last two years?

Yes No

14. What was the source of your financial support for the past year?

- Parent or guardian
 Employment
 Other: List source _____

15. Driver's License/ID number _____

State _____ Original Date Issued _____

16. Vehicle Registration: State _____

17. Registered to vote? Yes No State: _____

Date Registered: _____

TO BE COMPLETED BY ACTIVE MILITARY PERSONS,
DEPENDENTS, OR VETERANS DISCHARGED
WITHIN THE LAST YEAR

18. Are you a dependent of an active military person?

Yes No

19. When did your tour begin in California? _____

20. What is your State of Legal Residence on military records?

Note: Active-duty military persons and/or dependents must provide a statement from the Commanding Officer stating the date of assignment and that assignment to California is not for educational purposes.

21. **COMPLETE IF YOU ARE UNDER 19 YEARS OF AGE AND UNMARRIED**

One or both of my parents are California residents. Yes No

Parent Name _____

Number/Street _____ City _____ State _____ Zip _____

My parent has lived in California since _____ month/year

OPTIONAL PARENT/GUARDIAN ADDRESS INFORMATION (To be completed by anyone UNDER AGE 25)

Father's Name _____ Mother's Name _____

Address (No./Street) _____ Address (No./Street) _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone No. _____ Phone No. _____

I declare under penalty of perjury that the statements submitted by me are true and correct. All materials submitted by me for purposes of admission become the property of Cabrillo College. I understand that falsification, withholding pertinent information, or failure to report changes in residency, may result in my dismissal.



Signature of Student: _____ Date: _____

Return your completed application to Cabrillo College:

Admissions and Records at Aptos
6500 Soquel Drive
Aptos, CA 95003-3197
(831) 479-6201 Fax (831) 479-5782

Admissions and Records at Watsonville
318 Union St.
Watsonville, CA 95076
(831) 477-5100 Fax (831) 477-5115