

## Public Safety Admission Application

<u>Agency</u>	
Acronym:	

This application is required for Public Safety In-service Training provided by Cabrillo College. Please submit completed forms to:

	Cabi	Public Safety Fillo College 6500 Soquel D	Program Office rive Aptos, CA	95003 (831) 479-64	68		
1. Student Infor	mation So	cial Security Number:					
Legal Name:							
Las	t	First		MI			
Residence Addre	ess:						
	Street	Apt. #	City	State	Zip Code		
Mailing Address: If different from residence address; PO Box acceptable)	Street	Apt. #	City	State	Zip Code		
Phone Numbers:							
	Home	Work	Ext.		Cell		
Date of Birth		P.O.S.T ID (if known)					
Ethnicity (Select On Hispanic or Latino? AC Chinese AI Asian Indian AJ Japanese AK Korean  Gender: Fema	Yes No AL Laotian AM Cambodian AV Vietnam AX Other Asian	Dept. of Ed. Guidelines, colle  B Black F Filipino HM Mexican, Mexican Amer HR Central American mail Address:		collect the following r HS South American HX Other Hispanic PG Guamanian PH Hawaiian	PS Samoan PX Other Pacific Islands N American/Alaskan Native W White		
2. Citizenship (Select One)  1. U.S. Citizen 2. Permanent Resident Alien Number: Date Issued: 3. Temporary Resident/Amnesty				3. Admissions Status (Select One)  Y High School Students (including grades K-12  1 New (first time college student)  2 New Transfer (attended college but not Cabrillo)			
	Alien Number: sylee Alien Number: ssa (F1)	Date Issued:  I-94 expires:			ttended Cabrillo but not last semeste		
•		y lived in California fo	r the last 2 year	ars? Yes N	Го		
	One or both of my pa My parent has lived	on: (Complete ONLY if you arents are California residents in California since:  Month/Y	☐ Yes ☐ No	of age and unmarried	d)		
		Street	City S	State Zip Code			
Student Signa (Required for proces		SIG	NHERE Date:				
For Admission Res Code:	ns & Records (	Office Use Only:	Initials:	Date:			

Initials: \_

Date: