

5. EMERGENCY CONTACT				
Emergency Contact Name			Phone Number ()	
Address Number and Street	Apt. #	City	State	Zip
6. NON-DISCRIMINATION				
All programs and activities offered by City College of San Francisco shall be performed in a manner which is free of discrimination on the basis of race, color, national origin, ancestry, religion, creed, sex, pregnancy, marital status, sexual orientation, disability, or veteran status.				
7. INFORMATION RELEASE				
Can "Directory Information" be released to the public, federal, State, and Local governmental agencies without your written consent?				
				YES <input type="checkbox"/>
				NO <input type="checkbox"/>
<p><small>DIRECTORY INFORMATION is defined as information contained in an educational record of a student which would not generally be considered harmful or an invasion of privacy if disclosed. It includes, but is not limited to the student's name, address, telephone listing, date and place of birth, level of education, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and the most recent previous educational agency or institution attended.</small></p> <p><small>(Note: The above listing of Directory Information may be revised as Federal and/or State Regulations change. A listing of Directory Information is located in the City College Catalog and Schedule of Classes. The college assumes no liability for honoring a student's request that such information be withheld.)</small></p>				

8. INSTITUTIONAL FUNDING INFORMATION

City College receives additional assistance to support our educational programs and financial aid for students. How much we receive is dependent upon certain information we provide about our students, their background, income levels, and experiences. Please complete this section to help us receive our "fair share." All information is voluntary and is strictly confidential.

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| <p>1) Would you classify yourself as economically challenged?</p> <p>(SE04) YES _____ NO _____</p> | <p>3) How many dependents are in your family including yourself?</p> <p>(SD01) One _____ (SD06) Six _____
 (SD02) Two _____ (SD07) Seven _____
 (SD03) Three _____ (SD08) Eight _____
 (SD04) Four _____ (SD09) Nine _____
 (SD05) Five _____ (SD10) Ten _____</p> | <p>5) Are you a recipient of Supplemental Security Income Program?</p> <p>(SE02) YES _____ NO _____</p> |
| <p>2) What is your annual household income?</p> <p>(SV10) Below \$ 7,500 _____
 (SV20) \$ 7,501 to \$15,000 _____
 (SV30) \$15,001 to \$16,000 _____
 (SV40) \$16,001 to \$17,000 _____
 (SV50) \$17,001 to \$18,000 _____
 (SV60) \$18,001 to \$19,000 _____
 (SV70) \$19,001 to \$20,000 _____
 (SV80) \$20,001 plus _____</p> | <p>4) Are you a recipient of CALWORKS (formerly AFDC)?</p> <p>(SE01) YES _____ NO _____</p> | <p>6) Are you a recipient of General Assistance Program?</p> <p>(SE03) YES _____ NO _____</p> <p>7) Are you a single parent?</p> <p>(SE05) YES _____ NO _____</p> |

9. STUDENT'S SIGNATURE

I declare that the foregoing statements of fact provided by me on this form are true and correct.	
Signature	Date

10. ENROLLMENT

	CRN	Subject	Course	Days	Times	Course Title	Instructor's Name
1							
2							
3							
4							

<i>Processed By:</i>	<i>Date</i>
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