

**50 Phelan Avenue Multi-Use Building Room101 San Francisco, CA 94112  
Phone (415) 452-5773 Fax (415) 239-3455 [www.ccsf.edu/gatewaytocollege](http://www.ccsf.edu/gatewaytocollege)**

Dear Applicant,

Thank you for your interest in the Gateway to College (GtC) Program. You are receiving this letter and application materials because you have indicated an interest in the program.

Please keep in mind that the number of students enrolled in this school is limited and that applicants are competing for available slots. It is important that you read through this information carefully and follow all four required steps for consideration:

Step ONE– Complete the Gateway to College application packet.

Step TWO– Attend a Gateway to College information session (see schedule below).

Step THREE – Take a CCSF Placement Test

Step FOUR – Interview

Gateway to College is a unique alternative education opportunity for students to earn dual credit towards a high school diploma and Associate Degree. The program pays for tuition and books for all accepted students until they complete their high school requirements.

Students who are eligible meet the following requirements:

- Be between 16-20 years of age.
- Be able to complete the high school diploma requirements by 21.
- Have dropped out of high school or are behind in credits.
- Have to read at an 8<sup>th</sup> grade level.

In order to make sure that your Gateway to College application receives full consideration, please complete the application and forms neatly. Submit them upon arrival at the information session.

We are excited that you are considering continuing your education with us. If you should have any questions, please contact Gateway to College staff, Antoine Williams (415) 452-5773.

Sincerely,

Gateway to College

BOARD OF TRUSTEES  
JOHN RIZZO, PRESIDENT · CHRIS JACKSON, VICE PRESIDENT · MILTON MARKS  
DR. ANITA GRIER · DR. NATALIE BERG · STEVE NGO · LAWRENCE WONG  
· JEFFREY S. FANG, STUDENT TRUSTEE  
DR. DON Q. GRIFFIN, CHANCELLOR

## Gateway to College Spring 2012 Information Session Schedule

Parents, Counselors, Friends, Agency Case Managers are welcome and encouraged to attend!

CCSF Ocean Campus, 50 Phelan Avenue  
**Multi-Use Building Room 160**

Please select a date from the schedule below &  
Call to reserve your seat: (415) 452-5773

*\*Limit 15 applicants per Info Session*

**STUDENTS MUST ARRIVE ON TIME & BRING COMPLETED APPLICATIONS**

<b>DAY</b>	<b>DATE</b>	<b>TIME</b>	<b>ROOM</b>
<b>Wednesday</b>	<b>September 28</b>	<b>3-5pm</b>	<b>MUB 160</b>
<b>Wednesday</b>	<b>October 5</b>	<b>3-5pm</b>	<b>MUB 160</b>
<b>Wednesday</b>	<b>October 12</b>	<b>3-5pm</b>	<b>MUB 160</b>
<b>Wednesday</b>	<b>October 19</b>	<b>3-5pm</b>	<b>MUB 160</b>
<b>Wednesday</b>	<b>October 26</b>	<b>3-5pm</b>	<b>MUB 160</b>
<b>Wednesday</b>	<b>November 2</b>	<b>3-5pm</b>	<b>MUB 160</b>
<b>Wednesday</b>	<b>November 9</b>	<b>3-5pm</b>	<b>MUB 160</b>
<b>Thursday</b>	<b>November 10</b>	<b>3-5pm</b>	<b>MUB 170*</b>

\*All Info Sessions will be held at the CCSF Ocean Campus located at 50 PHELAN AVENUE. The **MULTI-USE BUILDING** is a new building located **on Phelan Avenue near the corner of Ocean Avenue across from the Main Campus, next to the student parking lot.**

Public Transit:

#9X, #9AX, #9BX, #49 to Phelan Loop  
#29 to Ocean and Lee Street  
#36, #43 to Ocean / Phelan Avenue  
BART to Balboa Park Station

Parking:

You may park in the student parking lot next to the MUB Building for a \$3 fee.

**Before you submit your application,  
please make sure it's complete.**

**APPLICATION CHECK-LIST:**

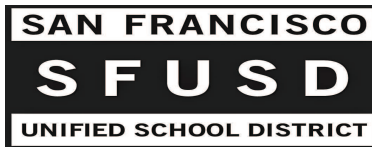
Complete & Sign **Application**

Three **Essay** Responses

**Parent Consent Form**

**District Information Form** with **Transcripts Attached.**

**Confidentiality Form**



City College of San Francisco
Gateway to College
Application for Admission

Please read the entire application carefully before completing. PRINT CLEARLY. ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED. Use a black or blue ink pen.

Please bring your completed application packet and requested materials to your scheduled Info Session.

Date of Application: \_\_\_\_\_

I am applying for: \_\_\_ Fall Semester \_\_\_ Spring Semester Year: \_\_\_\_\_

I. APPLICANT INFORMATION:

Applicant's Full Legal Name: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Birth place: \_\_\_\_\_ \_\_\_ Female \_\_\_ Male

Native Language: \_\_\_\_\_ Language spoken in the home: \_\_\_\_\_

Birth date: \_\_\_\_\_ Current Age: \_\_\_\_\_ Year you turn 21: \_\_\_\_\_

Current Home Address\*: \_\_\_\_\_

Mailing Address (If different than permanent): \_\_\_\_\_

II. ADDITIONAL PERSONAL INFORMATION: (Please make sure ALL information is COMPLETE)

Family Information:

Parent/Guardian: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Alternate Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Information (If different than Parent/Guardian):

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Alternate Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

**III. WORK STATUS**

**Are you currently employed?** \_\_\_ Yes \_\_\_ No

If yes, please check the appropriate box: \_\_\_ Part-time (less than 20 hrs/wk) \_\_\_ Full-time (21+hrs/wk)

Location (City): \_\_\_\_\_ Type of work: \_\_\_\_\_

**IV. CREDIT/ACADEMIC INFORMATION:**

**Are you currently working to obtain your GED?** No\_\_\_ Yes\_\_\_ If yes,

\_\_\_\_\_  
Name of School/Program and Location

**Have you taken classes at CCSF before?** No\_\_\_ Yes\_\_\_ If yes, what year?

**Have you ever been dismissed or suspended from a school or college for any violations of student conduct or safety?** No\_\_\_ Yes\_\_\_ *If yes, please explain*

*If yes, what kind of support would you need to insure that this did not occur again?*

**Have you applied for any educational scholarships, grants or financial aid in the past year?**

No\_\_\_ Yes\_\_\_ If yes, please explain:

**Have you ever had an IEP or participated in a Special Education Program?** No\_\_\_ Yes\_\_\_

*If yes, what type of program and date?* \_\_\_\_\_

**Were you ever eligible for a Section 504 Plan?** No\_\_\_ Yes\_\_\_ *If yes, date:* \_\_\_\_\_

\*Please attach a copy of the last IEP or 504 Plan.

List ALL high schools/alternative programs where you have taken courses ***beginning with the most recent.***

1. Name of School: \_\_\_\_\_ Location: \_\_\_\_\_  
City State  
Dates Attended: \_\_\_\_\_ to \_\_\_\_\_ Total Credits Earned: \_\_\_\_\_  
Name of IEP Counselor/Contact: (if known) \_\_\_\_\_  
Transcript Attached: Yes\_\_\_ No\_\_\_ Grade level when last attended: \_\_\_\_\_

2. Name of School: \_\_\_\_\_ Location: \_\_\_\_\_  
City State  
Dates Attended: \_\_\_\_\_ to \_\_\_\_\_ Total Credits Earned: \_\_\_\_\_  
Name of IEP Counselor/Contact: (if known) \_\_\_\_\_  
Transcript Attached: Yes\_\_\_ No\_\_\_ Grade level when last attended: \_\_\_\_\_

3. Name of School: \_\_\_\_\_ Location: \_\_\_\_\_  
City State  
Dates Attended: \_\_\_\_\_ to \_\_\_\_\_ Total Credits Earned: \_\_\_\_\_  
Name of IEP Counselor/Contact: (if known) \_\_\_\_\_  
Transcript Attached: Yes\_\_\_ No\_\_\_ Grade level when last attended: \_\_\_\_\_

**V. BARRIERS AND RESOURCES:** Information from this section will be used to identify students who may be eligible to receive additional resources available through the various programs operating within the community:

Are you now, or have you ever been: Check all that apply.

- Foster Youth                       Parent or expectant parent  
 Homeless                               Part of a household receiving TANF or State Aid

Are there any barriers that you will be facing while attending this program? Check all that apply.

- Transportation                       Learning Disability                       Financial  
 Lack of Basic Skills                       Drug/Alcohol                       Physical  
Disability  
 Lack of Education                       Lack of Emotional Support                       Child Care  
 Lack of Career Planning                       Other: \_\_\_\_\_  None  
 Don't Know

Which of the following would you like to receive more information about? Check all that apply.

- Literacy                                       Computer Training  
 Career Planning                               Guidance/Life Skills  
 Job Placement                               Childcare  
 Other: (Please specify): \_\_\_\_\_

## VI. REFERRAL INFORMATION:

I learned about this program from and/or was referred by: *(Please check all that apply and add names where requested)*

- Family/Friend                       Alternative School or Program (specify: \_\_\_\_\_)  
 School Counselor or Administrator (name of school: \_\_\_\_\_)  
 Agency (specify: \_\_\_\_\_ Case Manager: \_\_\_\_\_)  
 Current or Former Gateway to College Student                       Flier  
 Internet                                       Other (specify: \_\_\_\_\_)

**VII. THREE ESSAYS:** The three essay portion of this application helps us become acquainted with you on a more personal level and is an important step in the final acceptance by the Gateway to College Selection Committee.

**NOTE:** Your Gateway to College application is NOT complete without your essays and will NOT be considered for acceptance without receiving them by the announced deadline.

**VIII. SIGNATURE REQUIREMENT:** My signature below indicates that all the information contained in my application is correct, complete, and honestly presented. I realize if I have not provided accurate information or required application materials I may be denied acceptance for the upcoming term with the Gateway to College program. I am not currently enrolled in high school or any other alternative high school education program or will not be enrolled by the final selection date/first day of term, as verified by my required official transcript (if under 18 years old), or withdrawal form if currently enrolled in school at time of application (if 18 or older). Gateway to College in its educational policies, programs, and procedures, provides equal opportunity for all its students without regard to race, color, national or ethnic origin, religion, sex, sexual orientation, or disability.

Applicant's Signature \_\_\_\_\_

\_\_\_\_\_ Date

City College of San Francisco  
Gateway to College  
**Application for Admission – Essay Requirements**

**IX. THREE ESSAYS**

These essays will be used by the selection committee to decide between many applicants. Please use the essays to help your application by following all the instructions.

This essay portion of the application helps us become acquainted with you on a more personal level and is an important step in the final acceptance by the Gateway Selection Committee. Your application is not complete without your essays and will not be considered for acceptance without receiving them by the announced deadline.

**DIRECTIONS:** On separate sheets of paper, write answers to the three essay questions below. Each essay should be **at least two (2) paragraphs**, in essay format, typewritten, and double-spaced. Each essay can be more than 2 paragraphs, but please don't submit essays that are less than 2 paragraphs. If you do not have access to a computer or typewriter, you may neatly hand write your answers in ink. Please write your name on each page. Attach the essays to your application form.

**Please respond to all of the following questions. Be sure to answer all questions in your essays:**

**ESSAY I**

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What personal strengths have helped you overcome challenges in your life? How will your strengths help you to attain your educational goals? Talk about some key personal problems or challenges that you have had that have interfered with your success in completing your education in the past. What would be different now?

**ESSAY II**

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Why are you interested in being a part of San Francisco City College's Gateway to College program? Why do you think this program is a good fit for you to achieve your goals? Why should the selection committee choose you for this scholarship program, especially since there is a lot of competition for limited slots?

**ESSAY III**

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As a full-time college student, how would you balance your coursework, employment, family, social, and personal life? What would motivate you to attend classes 100 percent of the time? What would motivate you to complete all your homework assignments on time?



**OFFICE OF ADMISSIONS & RECORDS • MATRICULATION UNIT**

50 Phelan Avenue • Room-E107 • San Francisco, CA 94112 • 415.239.3286 • FAX 415.239.3936

**PARENT/GUARDIAN CONSENT FORM**

Dear Parent/Guardian:

The Board of Trustees of the San Francisco Community College District authorizes certain High School students aged 18 years and under to enroll in courses at City College of San Francisco. Under Section 76001 of the California Code of Regulations, Parent or Guardian must provide written consent before your child may enroll.

By completing the lower portion of this form, I authorize my child's participation in courses offered by City College of San Francisco. I understand that these courses are accelerated and more advanced than high school courses. I further understand my child is required to comply with the Rules and Regulations of City College of San Francisco and that the CCSF grade becomes part of my child's permanent school records.

Sincerely,  
 MaryLou Leyba  
 Dean, Admissions and Records

\*\*\*\*\*

I \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_,  
PRINT Parent/Guardian Name PRINT Student Name

\_\_\_\_\_, is a student enrolled at \_\_\_\_\_ High School  
Student's ID# PR Gateway to College Program

City College ID \_\_\_\_\_ my child to enroll in the following course \_\_\_\_\_ sco during  
 • **Fall Spring Summer**  
 • \_\_\_\_\_  
 ed high school and home schooled student \_\_\_\_\_  
 er school term, unless the selected course \_\_\_\_\_  
 completed 120 high school credits with a \_\_\_\_\_  
 \_\_\_\_\_  
 two courses or up to a maximum of six \_\_\_\_\_  
 \_\_\_\_\_  
 ion value. Child must have successfully \_\_\_\_\_  
 \_\_\_\_\_  
 2.0. \_\_\_\_\_  
 \_\_\_\_\_ courses have  
 \_\_\_\_\_ ts with a

**To Be Completed by Student (Optional)**

Upon completion I give City College of San Francisco permission to send my semester grades to my high school.	
Student's Signature	Date

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete reverse side**

**THIS FORM SHOULD BE TAKEN TO THE LAST SCHOOL ATTENDED TO REQUEST YOUR TRANSCRIPTS.**

Please note: If your last school of attendance was in SFUSD, Gateway staff will use this form to request a copy of your records for you. However, if your last school of attendance is outside of SFUSD, then you will be responsible for submitting this form and requesting a copy of your records.

**School District Information Form**

This form is being brought to you by a student who is applying for Gateway to College (diploma completion) program through City College of San Francisco

In order to assess whether Gateway to College can meet the applicant’s educational needs, we are requesting their **transcript** and a copy of their **Individual Education Plan (IEP) or 504 plans**, where applicable.

Applicants who have an IEP (or 504) can only be accepted to Gateway to College after an IEP assessment is held in their home district. A SFUSD representative will determine if our program is able to meet the educational needs of the student.

Using the Disabled Students Services and Programs (DSPS) at City College of San Francisco is voluntary. Students who wish to use services with disabilities at the college need to submit a copy of their IEP or other evidence of functional limitations. If there are questions regarding the services available for CCSF students, the DSPS office number is: (415) 452-5481. Notify Paul Johnston, Department Chair.

**Student Info:**

Today’s Date: \_\_\_\_\_ Last school of attendance: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address & Zip: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_  
(If student under the age of 18)

**SCHOOL DISTRICT STAFF MUST COMPLETE BELOW AND SIGN**

Please check all that apply:

- The transcript is attached
- The applicant **does not** have an IEP or 504.
- The applicant **does** have an IEP or 504.  
*If you are a student who needs accommodation please contact the Gateway to College counselor for more info.*

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Email address: \_\_\_\_\_

**CONSENT TO RELEASE CONFIDENTIAL INFORMATION**

Gateway to College – City College of San Francisco

City College of San Francisco shall follow all applicable state and federal laws, rules and regulations that apply to student records. All information contained in the college records which is personally identifiable to any student shall be kept confidential and **not released except upon prior written consent of the student** or upon the lawful subpoena or other order of a court of competent jurisdiction. **Please note that we are not able to release information to parents/guardians of minor children without written consent.**

I hereby authorize CCSF to release confidential information about me contained in the college records. I also authorize my school district to release confidential information about me to CCSF.

\_\_\_\_\_  
 Student Last Name                      First Name                      MI                      Date of Birth (mm/dd/year)                      Social Security #

**RELEASE TO:**

- City College of San Francisco
- San Francisco Unified School District
- Parent/Guardian/Support person:
- Other: Students are encouraged to add names of any support people who may have an interest in the student’s progress and educational needs.

\_\_\_\_\_  
 \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ -  
*Name (Parent/Guardian)                      Relationship                      Phone number*

\_\_\_\_\_  
 \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ -  
*Name                      Relationship                      Phone number*

\_\_\_\_\_  
 \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ -  
*Name                      Relationship                      Phone number*

Information that will be released through authorization of signature below:

- Name, address and phone
- Date of birth
- Last high school attended and date
- Disciplinary action
- Transcript of grades
- Verification of attendance
- Test scores and progress information
- Date of graduation and program

**Notice of school district responsibility:** I understand that alternative services provided are not supervised by the student’s resident school district and that City College of San Francisco is not an agent of the District. I will not expect student’s resident school district to take any responsibility for any aspect of the program, for the services or in the manner in which the services are provided even if the school staff has knowledge of any particular aspect of the program or suggest it as a resource.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_  
\_\_\_\_\_

Date: