Dear Applicant,

Thank you for your interest in Gateway to College, a unique alternative educational opportunity where students can earn their high school diploma and college credits at the same time. The program includes a scholarship for tuition and books for all accepted students until they complete their high school requirements.

Eligibility requirements:
- Be between 16-20 years of age
- Have dropped out of high school or are behind in credits
- Be able to complete the high school diploma requirements by 21 (a Gateway to College counselor will help you determine this)
- Pass a reading assessment at the Info Session
- Place at English 90 or above on CCSF’s English Placement test

To apply for Gateway to College:
Step 1 – Attend a Gateway to College information session (see schedule below).
Step 2 – Submit the Gateway to College application packet. *(You may bring your completed application with you to the Info Session, or submit it later.)*
Step 3 – Take the City College Placement Test.
Step 4 – Attend an interview.

We are excited that you are considering continuing your education with us! If you have any questions, please contact Gateway to College (415) 452-5773 or (415) 241-3030 extension 13071.

Sincerely,

Gateway to College

DR. ROBERT AGRELLA, SPECIAL TRUSTEE
DR. THELMA SCOTT-SKILLMAN, INTERIM CHANCELLOR
Gateway to College
Information Sessions for Spring 2014 Admission

Attendance at one Info Session is mandatory to apply for Gateway to College, and students must arrive on time. Parents, guardians, counselors, friends, case managers, or other care-givers are welcome and encouraged to attend!

Please select a date from the schedule below and contact us to reserve your space: (415) 452-5773 or (415) 241-3030 x13071 or cohenj1@sfusd.edu.

CCSF Ocean Campus, 50 Phelan Avenue

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<tr>
<th>DAY</th>
<th>DATE</th>
<th>TIME</th>
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<tbody>
<tr>
<td>Wednesday</td>
<td>October 16</td>
<td>3-5pm</td>
<td>Science Hall 191</td>
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<tr>
<td>Wednesday</td>
<td>October 23</td>
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<td>Science Hall 191</td>
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<td>Wednesday</td>
<td>October 30</td>
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<td>Science Hall 191</td>
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<td>Wednesday</td>
<td>November 6</td>
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<td>November 13</td>
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<td>Wednesday</td>
<td>November 20</td>
<td>3-5pm</td>
<td>Science Hall 191</td>
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SCIENCE HALL (below) is located on Phelan Avenue near the corner of Ocean Avenue.

Public Transportation:
#8X, #49 to Phelan Loop
#29 & "K" line to Ocean and Lee Street
#43 to Ocean / Phelan Avenue
BART to Balboa Park Station

Parking is available in the student parking lots for a $3 fee (pay at kiosk).

STUDENTS MUST ARRIVE ON TIME.
Please print clearly and use blue or black pen. ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED.

Date of Application: ______________________
I am applying for: □ Fall Semester □ Spring Semester Year: __________

APPLICANT INFORMATION:
Applicant’s Full Legal Name: ____________________________________________________________

Cell Phone: ( ) _____-______ Home Phone: ( ) _____-______ E-mail: _________________________
Birth place: ____________________________________________________________ Female Male
City State Country
Native Language: _______________________ Language spoken in the home: ______________________
Birth date: ______________ Current age: ________

Month/Day/Year

Current Home Address: _________________________________________________________________

Mailing Address (If different than permanent): _____________________________________________

Family Information:
Parent/Guardian: __________________________________________ Relationship to you: ______________

Last First Middle Initial
Address: ____________________________________________________________

Street Address Country
Telephone: ( ) _____-______ Alternate Number: ( ) _____-______

Emergency Contact Information (If different than Parent/Guardian):
Name: __________________________________________ Relationship to you: ______________

Last First Middle Initial
Address: ____________________________________________________________

Street Address Country
Telephone: ( ) _____-______ Alternate Number: ( ) _____-______

Are you currently employed? ___ Yes ___ No How many hours per week?

__________________________
CREDIT/ACADEMIC INFORMATION:
Have you taken high school or college classes at CCSF or John Adams? No___ Yes___

Have you ever had an Individual Education Plan (IEP) or participated in a Special Education Program? No___ Yes___
Do you have a Section 504 Plan? No___ Yes___

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

1. Current or last high school: ________________________________ Location: ________________________________
   Counselor/Contact: (if known) ________________________________
   City State

2. Previous high school: ________________________________ Location: ________________________________
   Counselor/Contact: (if known) ________________________________
   City State

3. Previous high school: ________________________________ Location: ________________________________
   Counselor/Contact: (if known) ________________________________
   City State

Please attach any non-SFUSD credits/transcripts to this application.

REFERRAL INFORMATION:
I learned about this program from: (Please check all that apply.)
☐ School or program (specify: ______________) ☐ Case manager: (name: ________________________________)
☐ Agency (specify: ______________) ☐ Current or former Gateway to College student ☐ Flyer
☐ Internet ☐ Family/Friend ☐ Other: ________________________________

PERSONAL RESPONSES
Your answers to these questions are very important and will be used by the selection committee to decide between many applicants.

Your responses should be at least one paragraph each, and can be typed or neatly handwritten. Please write your name on your work and attach it to your application form.

1. Why are you interested in attending Gateway to College instead of a traditional or continuation high school?

2. What personal strengths have helped you overcome challenges in your life?

3. Where do you see yourself in three years? What are your career and educational goals?

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 to the Gateway to College program.

Applicant’s Signature ________________________________ Date ________________
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 _____________, is a student enrolled at Gateway to College Program _______ High School

City College ID

[Student Name]

Name of High School

_____________

[City College ID]

gives permission for my child to enroll in the following course(s) at City College of San Francisco during

Please Circle One

Fall ___ Spring ___ Summer ___ Fall ___ Spring ___ Summer ___

• Concurrently enrolled high [_____] and home[_____]-poled students are authorized to select a maximum three (3) semester units per school[____], unless the[_____]ed course [_____] higher unit designation value. Child must have successfully completed 120 high school credits with a cumulative GPA of 2.0.

• Students may select two courses or up to a maximum of six (6) semester units, unless the two courses have higher unit designation value. Child must have successfully completed 204 high school credits with a cumulative GPA of 2.0.

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.

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<td>Student’s Signature</td>
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Parent’s/Guardian’s Signature: ___________________________ Date: ___________________
CONSENT TO RELEASE CONFIDENTIAL INFORMATION (Required for admission)
Gateway to College – City College of San Francisco

Student Last Name            First Name            MI            Date of Birth (mm/dd/year)

City College of San Francisco and SFUSD shall follow all applicable state and federal laws, rules, and regulations that apply to student records. All information contained in the educational records which is personally identifiable to any student shall be kept confidential and not released except upon prior written consent of the student (below) or upon the lawful subpoena or other order of a court of competent jurisdiction.

Information that can 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
- IEP Information
- Parent/guardian contact info

RELEASE TO/FROM:
☒ City College of San Francisco
☒ San Francisco Unified School District
☒ Parent/Guardian/Support person We are not able to release information to parents/guardians of minor children without written consent (below).
☐ Other: Please indicate any additional support people who have an interest in the student’s progress and education.

____________________________________       ____________________  (____) ________-________
Name (Parent/Guardian)                        Relationship       Phone number

____________________________________       ____________________  (____) ________-________
Name                                           Relationship       Phone number

____________________________________       ____________________  (____) ________-________
Name                                           Relationship       Phone number

Students with IEPs and 504 Plans: IEPs and 504 Plans will be reviewed on a case-by-case basis by SFUSD staff to determine if Gateway to College can meet the educational needs of each student. If you have questions about special education services in this program, please contact Jessica Cohen, SFUSD Liaison to Gateway to College, at (415) 241-3030 x13071 or cohenj1@sfusd.edu.

Signing this form indicates that I understand the information above and authorize CCSF and SFUSD to share confidential information as indicated above.

Student Signature: __________________________ Date: ______________

Parent/Legal Guardian Signature: __________________________ Date: ______________