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. Transcripts must be attached or application will not be accepted)*

**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 email gateway@ccsf.edu.

Sincerely,

Gateway to College

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DR. ROBERT AGRELLA, SPECIAL TRUSTEE
DR. ARTHUR Q. TYLER CHANCELLOR
Gateway to College
Information Sessions for FALL 2015 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 email gateway@ccsf.edu.

CCSF Ocean Campus, 50 Phelan Avenue

<table>
<thead>
<tr>
<th>DAY</th>
<th>DATE</th>
<th>TIME</th>
<th>ROOM</th>
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<tbody>
<tr>
<td>Wednesday</td>
<td>March 4</td>
<td>3PM – 5PM</td>
<td>Science Hall 191</td>
</tr>
<tr>
<td>Wednesday</td>
<td>March 18</td>
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<tr>
<td>Wednesday</td>
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<td>Wednesday</td>
<td>April 22</td>
<td>3PM – 5PM</td>
<td>Science Hall 191</td>
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<tr>
<td>Wednesday</td>
<td>May 6</td>
<td>3PM – 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.
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 City State Zip

Telephone: (_____ ) _____-______ Alternate Number: (_____ ) _____-______

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

Last First Middle Initial

Address: _____________________________________________________________

Street Address City State Zip

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 last two high schools/alternative programs where you have taken courses:

Current or last high school: __________________________ Location: __________________________
Counselor/Contact: (if known) __________________________________________________________________________

Current or last high school: __________________________ Location: __________________________
Counselor/Contact: (if known) __________________________________________________________________________

Please attach all SFUSD and non-SFUSD credits/transcripts to this application. Your application will not be accepted without it. Transcripts can be obtained from your high school counselor.

COUNSELOR RECOMMENDATION: (Please check/complete all areas. Attach separate sheet if needed)

☐ Good attendance ☐ Extracurricular activities
☐ completes assignments ☐ College bound
☐ IEP ☐ Current GPA: __________________________
☐ Other: __________________________________________________________________________
________________________________________________________________________________

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
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?
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 (415) 452-5773 or email gateway@ccsf.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: __________
**City College of San Francisco**

Office of Admissions and Records
50 Phelan Avenue - Conlan Hall, Room 107 San Francisco, CA 94112
Phone: 415.452.5172  Fax: 415.239.3936  Email: hsenroll@ccsf.edu

**HIGH SCHOOL CONCURRENT ENROLLMENT PERMISSION/CONSENT FORM**

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<th>Spring</th>
<th>Summer</th>
<th>Fall</th>
<th>Year</th>
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<td>Beginning Piano</td>
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<tr>
<td>4th choice</td>
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Alternate Course(s) (If above courses are closed)

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

Parent’s/Guardian name: ___________________________ Date: ____________________

Parent’s/Guardian Signature: ___________________________ Phone #: ____________________

The above named student is authorized and recommended to enroll in the above college-level course(s) as part of the City College of San Francisco High School Concurrent Enrollment Program for the semester noted above. By signing this you are indicating that you have assessed the student’s preparedness to undertake college-level studies and recommending the student for attendance in this program.

I also certify that I have not recommended admissions to a community college more than five percent of the total number of students who have completed the grade in which they are enrolled immediately prior to the time of this recommendation.

Print Name/Title: ___________________________ Date: 11-17-2014

Principal Signature: ___________________________ Phone #: 415.452.3030

*Student, Parent and Principal: Please make sure to read City College of San Francisco rules and guidelines, located on back of sheet.

Updated: 10/15/14 AR