

STATEMENT OF LEGAL RESIDENCE

To Be Completed By All Students—SIGNATURE REQUIRED

BE SURE TO ANSWER ALL QUESTIONS AND SIGN BELOW:

Social Security #:

Name: _____
(print)

9. Date of Entry to California (required information)

10. Place of birth (state or country) _____

11. Have you continuously lived in California for the last 2 years?

Yes No

a. List states lived in during the last two years, with dates:

State _____ from _____ to _____

State _____ from _____ to _____

12. My intent is to maintain California as my home.

Yes No If not, where? _____

13. Did you file California State Income Tax the last two years?

Yes No

14. What was the source of your financial support for the past year?

- Parent or guardian
 Employment
 Other: List source _____

15. Driver's License/ID number _____

State _____ Original Date Issued _____

16. Vehicle Registration: State _____

17. Registered to vote? Yes No State: _____

Date Registered: _____

TO BE COMPLETED BY ACTIVE MILITARY PERSONS,
DEPENDENTS, OR VETERANS DISCHARGED
WITHIN THE LAST YEAR

18. Are you a dependent of an active military person?

Yes No

19. When did your tour begin in California? _____

20. What is your State of Legal Residence on military records?

Note: Active-duty military persons and/or dependents must provide a statement from the Commanding Officer stating the date of assignment and that assignment to California is not for educational purposes.

21. COMPLETE IF YOU ARE UNDER 19 YEARS OF AGE AND UNMARRIED

One or both of my parents are California residents. Yes No

Parent Name _____

Number/Street _____ City _____ State _____ Zip _____

My parent has lived in California since _____
month/year

OPTIONAL PARENT/GUARDIAN ADDRESS INFORMATION (To be completed by anyone UNDER AGE 25)

Father's Name _____ Mother's Name _____

Address (No./Street) _____ Address (No./Street) _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone No. _____ Phone No. _____

I declare under penalty of perjury that the statements submitted by me are true and correct. All materials submitted by me for purposes of admission become the property of Cabrillo College. I understand that falsification, withholding pertinent information, or failure to report changes in residency, may result in my dismissal.

Signature of Student: _____ Date: _____

Return your completed application to Cabrillo College:

Admissions and Records at Aptos
6500 Soquel Drive
Aptos, CA 95003-3197
(831) 479-6201 Fax (831) 479-5782

Admissions and Records at Watsonville
318 Union St.
Watsonville, CA 95076
(831) 477-5100 Fax (831) 477-5115