

SEATTLE COLLEGE DISTRICT VI

ADMISSIONS AND ENROLLMENT FORM

SECTION 1: TO BE COMPLETED BY ALL STUDENTS (COMPLETION DOES NOT AFFECT STUDENT CONSIDERATION FOR ADMISSION)

SOCIAL SECURITY NUMBER				* PLEASE SEE BACK FOR SOCIAL SECURITY NUMBER REQUIREMENT INFORMATION.				STUDENT I.D. #				THIS NUMBER WILL BE ASSIGNED TO YOU FOR ALL FUTURE TRANSACTIONS. YOU WILL USE THIS NUMBER TO ACCESS GRADES, VIEW YOUR SCHEDULES, REGISTER, PAY TUITION, AND FOR OTHER ADMINISTRATIVE SERVICES.							
<div> <div>NORTH SEATTLE</div> <div>SEATTLE CENTRAL</div> <div>SOUTH SEATTLE</div> <div>SEATTLE VOC. INSTITUTE</div> </div>				LAST NAME (PRINT)				FIRST NAME				M.I.		NEW ADDRESS SINCE LAST REGISTRATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		BIRTH DATE MONTH DAY YEAR			
<div> <div>SUM</div> <div>FALL</div> <div>WTR</div> <div>SPR</div> </div>				DAY PHONE NO.:				EVENING PHONE NO.:				E-MAIL ADDRESS:							
20 25																			
STREET ADDRESS				APT. NO.		CITY		STATE		ZIP		YOUR INTENDED PROGRAM OF STUDY		ARE YOU A NEW STUDENT AT THIS COLLEGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF NO, PLEASE SPECIFY COUNTRY OF CITIZENSHIP: _____				IF YOU ARE NOT A U.S. CITIZEN, WHAT IS YOUR IMMIGRATION STATUS? <input type="checkbox"/> STUDENT VISA (F OR M) <input type="checkbox"/> VISITOR VISA <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> REFUGEE <input type="checkbox"/> OTHER OF YOUR GREEN CARD, OR IMMIGRATION FORM I-94.				VETERAN'S STATUS VETERANS AND/OR THEIR DEPENDENTS MAY QUALIFY FOR EDUCATIONAL BENEFITS. PLEASE CHECK WITH OUR VETERAN COORDINATOR.							
HOW LONG HAVE YOU LIVED CONTINUOUSLY IN WASHINGTON STATE? YRS. _____ MOS. _____				WERE YOU FINANCIALLY INDEPENDENT FROM YOUR PARENT OR LEGAL GUARDIAN FOR THE PREVIOUS CALENDAR YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF NO, HOW LONG HAS YOUR PARENT OR LEGAL GUARDIAN RESIDED IN WASH. STATE? YRS. _____ MOS. _____				ARE YOU A U.S. MILITARY VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE ACTIVE DUTY BEGAN _____ SEPARATION DATE _____				ARE YOU ACTIVE DUTY MILITARY OR SPOUSE/DEPENDENT OF SAME STATIONED IN WA? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WHAT IS YOUR MAIN LONG TERM GOAL FOR ATTENDING THIS COLLEGE?				<input type="checkbox"/> 11 TAKING COURSES RELATED TO CURRENT OR FUTURE WORK <input type="checkbox"/> 12 TRANSFER TO A 4-YEAR COLLEGE <input type="checkbox"/> 13 HIGH SCHOOL OR GED				<input type="checkbox"/> 14 EXPLORE CAREER DIRECTION <input type="checkbox"/> 15 PERSONAL ENRICHMENT <input type="checkbox"/> 90 OTHER _____				ARE YOU WA NATIONAL GUARD OR SPOUSE/DEPENDENT OF SAME LIVING IN WA? <input type="checkbox"/> YES <input type="checkbox"/> NO							

SECTION 2: TO BE COMPLETED BY ALL STUDENTS

SECTION 2: TO BE COMPLETED BY ALL STUDENTS										FOR OVERLOAD OR PERMISSION			
✓CHECK ALL THAT APPLY			ITEM NUMBER				SECTION NUMBER	COURSE ABBREV.	COURSE NUMBER	CREDITS	WAIVER	INSTRUCTOR SIGNATURE AUTHORIZES ENROLLMENT INTO THE CLASS REGARDLESS OF WAITLIST STATUS OR CLASS CAPACITY. REGISTRATION DATE MUST NOT EXCEED EXPIRATION DATE.	EXPIRATION DATE REQUIRED
REGISTER/ADD	DROP	AUDIT	0	0	0	0	.01	Eng	101	5	✓		
✓							.art	ASL&	121	5			

OFFICE USE ONLY ▶	RESIDENT	FEE PAYING	INTENT	PROGRAM	TYPE	BIOGRAPHIC	STAFF INTL.	DATE

Certification: I hereby certify that to the best of my knowledge, all statements on this form are true and correct. I understand unpaid debts may be referred to collections and assessed an additional contingent fee of up to 50 percent of the amount owing.

STUDENT SIGNATURE _____ DATE _____ ADVISOR PRINT NAME Semhar Tekeste
 ADVISOR SIGNATURE Semhar Tekeste DATE 04/24/2025

SECTION 3 (TO BE COMPLETED BY NEW STUDENTS)

DO YOU HAVE A PHYSICAL, SENSORY OR MENTAL IMPAIRMENT THAT SUBSTANTIALLY LIMITS ONE OR MORE OF YOUR MAJOR LIFE FUNCTIONS, SUCH AS SEEING, HEARING, SPEAKING, WALKING, BREATHING, WORKING WITH YOUR HANDS, LEARNING, CARING FOR YOURSELF OR WORKING?

(OPTIONAL)

☐ YES

☐ NO

IF YOU NEED ACCOMMODATIONS, PLEASE ASK A REGISTRATION STAFF MEMBER FOR MORE INFORMATION.

EDUCATIONAL BACKGROUND

LAST HIGH SCHOOL ATTENDED

CITY

STATE

YEAR

GRADUATED?

☐ YES ☐ NO

LAST COLLEGE ATTENDED

CITY

STATE

YEAR

GRADUATED?

☐ YES ☐ NO

THE COLLEGE APPRECIATES YOUR RESPONSE TO THE FOLLOWING QUESTIONS. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

WHAT IS YOUR SEXUAL ORIENTATION?

☐ BISEXUAL

☐ GAY

☐ LESBIAN

☐ QUEER

☐ STRAIGHT/HETEROSEXUAL

☐ OTHER

☐ PREFER NOT TO ANSWER

WHAT IS YOUR GENDER IDENTITY?

☐ FEMININE

☐ MASCULINE

☐ ANDROGYNOUS

☐ GENDER NEUTRAL

☐ TRANSGENDER

☐ OTHER

☐ PREFER NOT TO ANSWER

PLEASE CHECK UP TO TWO BOXES TO INDICATE WHAT RACE YOU CONSIDER YOURSELF TO BE: (Providing this information is optional.)

☐ AFRICAN AMERICAN (872)

☐ ALASKA NATIVE (015)

☐ AMERICAN INDIAN (597)

☐ CHINESE (605)

☐ FILIPINO (608)

☐ JAPANESE (611)

☐ KOREAN (612)

☐ NATIVE HAWAIIAN (653)

☐ VIETNAMESE (619)

☐ WHITE (800)

☐ OTHER ASIAN (621)

INDICATE OTHER: _____

☐ OTHER PACIFIC ISLANDER (681)

INDICATE OTHER: _____

☐ OTHER RACE (799)

INDICATE OTHER: _____

ARE YOU OF SPANISH/HISPANIC/LATINO ETHNICITY?

☐ YES ☐ NO

IF YES, PLEASE INDICATE:

HOW LONG DO YOU PLAN TO ATTEND THIS COLLEGE? (Select one)

☐ 11 ONE QUARTER

☐ 12 TWO QUARTERS

☐ 13 ONE YEAR

☐ 14 UP TO TWO YEARS, NO DEGREE PLANNED

☐ 15 LONG ENOUGH TO COMPLETE A DEGREE

☐ 16 DON'T KNOW

☐ 90 OTHER (Indicate):

WHAT IS YOUR WORK STATUS WHILE ATTENDING COLLEGE? (Select one)

☐ 11 FULL-TIME HOMEMAKER

☐ 12 FULL-TIME EMPLOYMENT (Including self-employed and military)

☐ 13 PART-TIME OFF-CAMPUS

☐ 14 PART-TIME ON-CAMPUS

☐ 15 NOT EMPLOYED, SEEKING EMPLOYMENT

☐ 16 NOT EMPLOYED, NOT SEEKING EMPLOYMENT

☐ 90 OTHER (Indicate):

☐ PLEASE CHECK THIS BOX IF YOU HAVE BEEN IN WASHINGTON STATE FOSTER CARE FOR AT LEAST ONE YEAR SINCE YOUR 16th BIRTHDAY.

WHAT IS YOUR PRIOR LEVEL OF EDUCATION AT TIME OF ENTRY TO THIS COLLEGE? (Select one)

☐ 11 LESS THAN HIGH SCHOOL GRADUATE

☐ 12 G.E.D.

☐ 13 HIGH SCHOOL GRADUATE

☐ 14 SOME POST HIGH SCHOOL BUT NO DEGREE OR CERTIFICATE

☐ 15 CERTIFICATE (Less than two years)

☐ 16 ASSOCIATE DEGREE

☐ 17 BACHELOR'S DEGREE OR ABOVE

☐ 90 OTHER (Indicate):

HOW DID YOU HEAR ABOUT OUR COLLEGE? (For new students only. Check all that apply.)

☐ COLLEGE WEBSITE ☐ ONLINE AD

☐ FRIENDS/FAMILY ☐ BILLBOARD/BUS AD

☐ RADIO/STREAMING

☐ PRINT MAILER

☐ MOVIE AD

☐ SOCIAL MEDIA

☐ OTHER

WHAT WAS YOUR FAMILY STATUS WHEN YOU STARTED AT THE COLLEGE? WERE YOU... (Select one)

☐ 11 A SINGLE PARENT WITH CHILDREN OR OTHER DEPENDENTS IN YOUR CARE

☐ 12 A COUPLE WITH CHILDREN OR OTHER DEPENDENTS IN YOUR CARE

☐ 13 WITHOUT CHILDREN OR OTHER DEPENDENTS IN YOUR CARE

☐ 90 OTHER (Indicate)

*To comply with federal laws, we are required to ask for your Social Security Number (SSN) or Individual Taxpayer Number (ITIN). This information is used to administer state/federal financial aid, to verify enrollment, degree and academic transcript records and to conduct institutional research. We also use your SSN or ITIN to report payments made by you that may qualify for a tax credit or a tax deduction on your income tax return. We are required to ask for your SSN/ITIN. If you do not submit it, you will still be able to enroll at the college; however, you may be subject to an IRS penalty of \$50 (Internal Revenue Service Treasury Regulation 1.6050S-1(e)(4)). In keeping with state and federal law, the college will protect your SSN/ITIN from unauthorized use and disclosure pursuant to RCW 28B.10.042 and Federal law (Family Education Rights and Privacy Act).

The Seattle College District VI is committed to the concept and practice of equal opportunity for all its students, employees, and applicants in education, employment, services and contracts, and does not discriminate on the basis of race or ethnicity, color, age, national origin, religion, marital status, sex, gender, sexual orientation, gender identity, veteran or disabled veteran status.

THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT PROVIDES STUDENTS THE OPPORTUNITY TO VIEW THEIR EDUCATIONAL RECORDS UPON REQUEST. IN ADDITION, NO STUDENT INFORMATION WILL BE RELEASED WITHOUT PRIOR WRITTEN CONSENT OF THE STUDENT CONCERNED. THIS DOES NOT INCLUDE DIRECTORY INFORMATION RELATING TO THE ACT OF ENROLLMENT IN TO COLLEGE.