



# PARADISE VALLEY COMMUNITY COLLEGE

## Student Information Form



**Have you ever applied to any Maricopa Community College?**  Yes  No  
If yes, please provide your Maricopa Student ID \_\_\_\_\_

**TERM OF ENROLLMENT**  
 Fall  Spring  Summer 1  Summer 2 Year \_\_\_\_\_

**LEGAL NAME**  
(Last, First, Middle) \_\_\_\_\_

**BIRTHDATE** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

**GENDER \*\***  Male  Female

**SOCIAL\* SECURITY NUMBER**    -    -

**INFORMATION RELEASE:** Do you give permission for the college to release directory information relative to your enrollment (as per the Family Education Rights and Privacy Act of 1974)?  Yes  No

**ETHNICITY \*\***  
 American Indian/Alaskan Native  Hispanic  
 Asian or Pacific Islander  White, not of Hispanic origin  
 Black, not of Hispanic origin  Other

**ADDRESS** \_\_\_\_\_ **APT#** \_\_\_\_\_

**CITY, STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**TELEPHONE NUMBER**  
**HOME** \_\_\_\_\_ **CELL** \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

**CITIZENSHIP STATUS**  
These questions are asked for the purpose of determining tuition and fees. State law now requires that a person who is not a citizen or legal resident of the United States or who is without lawful immigration status is not entitled to classification as an in-state student pursuant to A.R.S. Section 15-1802 or entitled to classification as a county resident pursuant to A.R.S. Section 15-1802.01. Failure to answer the following questions may result in being classified as out-of-state for tuition and fee purposes. The responsibility of registering under the proper residency classification is placed upon the student. Any student who falsifies his/her residency shall be required to pay full tuition and may be subject to dismissal from the college and/or criminal action. Refer to the college catalog for residency guidelines.

United States Citizen  
 Legal Immigrant/Permanent Resident Date of Issue \_\_\_\_\_ and Expiration Date \_\_\_\_\_ and Alien Registration Number \_\_\_\_\_  
 Lawful Refugee or Asylee Date of Issue \_\_\_\_\_ and Expiration Date \_\_\_\_\_ and Alien Registration Number \_\_\_\_\_  
 Legal Nonimmigrant:  
• Specify visa or status \_\_\_\_\_ and  
• Date of Expiration of I-94 \_\_\_\_\_ and  
• Alien Registration Number or I-94 Number \_\_\_\_\_  
 Do Not Qualify for Any of the Above  
 Country of Citizenship \_\_\_\_\_  
 AZ Department of Motor Vehicle License or ID Number \_\_\_\_\_ Date of Issue \_\_\_\_\_ and Date of Expiration \_\_\_\_\_  
 Do not possess an AZ Department of Motor Vehicle License or ID Number

**PREVIOUS EDUCATION**

**SAIS NUMBER**              
*Arizona Department of Education (ADE) Student Accountability Information System (SAIS) number*

**High School Status (Check one box)**  
 High school diploma HS Name \_\_\_\_\_ State \_\_\_\_\_  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 GED certificate Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Currently Enrolled  
 High school HS Name \_\_\_\_\_ State \_\_\_\_\_  
Expected completion date \_\_\_\_\_  
 Home taught Expected completion date \_\_\_\_\_  
 No diploma or GED and **under** age 18  
 No diploma or GED and **over** age 18

*Note: Students under age 18 require special permission to enroll. Contact Enrollment Services.*

**Previous College (Check highest level completed)**  
 Associate Degree  No college or university  
 Bachelor Degree  Some college or university, no degree  
 Master Degree or higher

**FIRST GENERATION COLLEGE STUDENT**  
Are you a first generation college student?  Yes  No  
(You are a first generation student if both parents or guardians (parent or guardian if only living with one) did not complete a bachelor's degree.)

**LANGUAGE BACKGROUND**  
What was the first language you spoke as a child? \_\_\_\_\_  
What languages were spoken in your home when you were growing up? \_\_\_\_\_  
What language do you speak most often now? \_\_\_\_\_  
Do you wish assistance with English fluency skills?  Yes  No

Please check one or more if you need help with...

<input type="checkbox"/> Financial Aid	<input type="checkbox"/> Writing Skills	<input type="checkbox"/> Health Problem
<input type="checkbox"/> Finding Work	<input type="checkbox"/> Math Skills	<input type="checkbox"/> Commuter information
<input type="checkbox"/> Learning English	<input type="checkbox"/> Personal Concerns	<input type="checkbox"/> Work Experience Credit
<input type="checkbox"/> Reading Skills	<input type="checkbox"/> Learning Disability **	<input type="checkbox"/> Daycare information
<input type="checkbox"/> Study Skills	<input type="checkbox"/> Physical Disability **	<input type="checkbox"/> Mentoring
<input type="checkbox"/> Other	<input type="checkbox"/> Choosing a Major or Career	

\*\* If you require assistance or accommodation to participate fully as a student, please contact Disability Services and Resources (DSR).

**EMPLOYMENT HOURS** planned per week while enrolled \*\*  
 1-10  16-20  31 or more  
 11-15  21-30  None

**MILITARY**  
Are you currently a member of the US Armed Forces stationed in AZ pursuant to military orders?  Yes  No  
Are you a dependent of a member of the US Armed Forces stationed in AZ pursuant to military orders?  Yes  No  
Are you a Veteran of the US Armed Forces?  Yes  No

**RESIDENCY**  
Final residency decisions for tuition purposes will be made in accordance with A.R.S. 15-1801 and regulations of the Maricopa Community Colleges Governing Board.  
Will you reside in Arizona at the time of attendance?  Yes  No  
What date did your present stay in Arizona begin? \_\_\_\_\_  
What was your most recent state of residence prior to moving to Arizona? \_\_\_\_\_  
In what Arizona county do you reside? \_\_\_\_\_  
If Maricopa, what date did you move to this county? \_\_\_\_\_  
What Arizona county did you reside in prior to moving to Maricopa county? \_\_\_\_\_

Are you seeking admission under the Western Undergraduate Exchange program?  
 Yes  No If yes, in which state do you currently reside? \_\_\_\_\_

**HOW DID YOU HEAR ABOUT THIS COLLEGE?**

**EDUCATIONAL PLAN**  
Primary Reason for attending this college:  
 Improve my career skills  Prepare for employment  
 Learn new career skills  Transfer to University/College  
 Personal Interest/Self-improvement  Transfer within MCCCC  
 Prepare for a career change  
Transfer to University/MCCCC College:  
\_\_\_\_\_  
Name of Transfer Institution Area of Study

**VEHICLE EMISSIONS**  
 Car meets emission standards  Will not park on campus

**ACADEMIC PLAN**  
What academic plan do you intend to earn from this college?  
Degree \_\_\_\_\_  
Certificate \_\_\_\_\_

I certify that the answers on this Student Information Form are true, correct and complete.  
\_\_\_\_\_  
Signature of Student Date

All of the information on this form is confidential and in compliance with the Family Education Rights and Privacy Act of 1974. The Act's provisions are explained in the General Catalog.

\*The Social Security Number is generally used as the Student Identification Number. Students who choose not to disclose their Social Security Number will have a unique Student Identification Number assigned. Students should be aware that a correct Social Security Number must be on file for reporting information pertaining to potential tax credits, and must be used by applicants for federal and state aid. Failure to provide a correct Social Security Number may preclude the determination of eligibility for in-state residency, resulting in out-of-state tuition.

\*\* Voluntary information used to comply with Federal Reporting and has no effect on admission to the college. This information will not be used for any discriminatory purpose.