



PERSONAL INFORMATION FORM

STUDENT ID NUMBER

SSN, DRIVER'S LICENSE, etc.

PRINT ALL INFORMATION

LEGAL NAME: _____
Last Name MI

DATE OF BIRTH: _____
Month/Day/Year

GENDER: () MALE () FEMALE

If you have used another name(i.e. Maiden Name)please list here

MAILING ADDRESS: _____
PO BOX / STREET NAME CITY STATE ZIP CODE

RESIDENTIAL ADDRESS _____
HSE#/ APT# STREET NAME CITY STATE ZIP CODE

HOME PHONE#: _____ WORK PHONE#: _____ CELL PHONE#: _____

EMAIL ADDRESS: _____ () WORK () PERSONAL () OTHER

MARK THE ITEM BELOW THAT BEST APPLY TO YOU

CITIZENSHIP STATUS:		MARITAL:	
<input type="checkbox"/> US CITIZEN	<input type="checkbox"/> NON CITIZEN	<input type="checkbox"/> SINGLE	<input type="checkbox"/> SINGLE PARENT <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED
ETHNIC ORIGIN			
<input type="checkbox"/> AMERICAN INDIAN	<input type="checkbox"/> CHUUKESE	<input type="checkbox"/> KOSRAEAN	
<input type="checkbox"/> ALASKAN	<input type="checkbox"/> FILIPINO	<input type="checkbox"/> PALAUAN	<input type="checkbox"/> OTHER
<input type="checkbox"/> BLACK or AFRICAN AMERICAN	<input type="checkbox"/> HISPANIC or LATINO	<input type="checkbox"/> PONAPEAN	SPECIFY: _____
<input type="checkbox"/> CHAMORRO	<input type="checkbox"/> JAPANESE	<input type="checkbox"/> VIETNAMESE	
<input type="checkbox"/> CHINESE	<input type="checkbox"/> KOREAN	<input type="checkbox"/> WHITE, NOT HISPANIC	

EMERGENCY CONTACT: _____ RELATIONSHIP: _____
LAST FIRST MI

EMERGENCY CONTACT ADDRESS: _____
P.O. BOX or HOME DELIVERY ADDRESS CITY STATE ZIP CODE

CONTACT#: _____ CONTACT#: _____ CONTACT#: _____

FORMER HIGH SCHOOL(S)/COLLEGES/UNIVERSITIES ATTENDED

NAME AND LOCATION	DATES ATTENDED	GRADUATION DATE
	TO	
	TO	
	TO	
	TO	

ADMISSIONS TERM

ENTRY TERM: SPRING 20____ SUMMER 20____ FALL 20____

STUDENT TYPE

ADULT HIGH SCHOOL CONTINUING TRANSFER STUDENT RETURNING STUDENT
 FIRST TIME FRESHMAN HIGH SCHOOL STUDENT NEW STUDENT TO GCC TRANSFER STUDENT

RESIDENCY STATUS

I AM A LEGAL RESIDENT OF _____ (YOUR LEGAL RESEIDENCE IS USUALLY YOUR VOTING RESIDENCE)

RESIDENT MILITARY PERSONNEL INTERNATIONAL STUDENT COMPACT OF FREE ASSOCIATION
 NON-RESIDENT MILITARY DEPENDENT VISA TYPE: _____ FSM STATE: _____

DEMOGRAPHIC INFORMATION

ARE YOU A MILITARY VETERAN	<input type="checkbox"/> YES <input type="checkbox"/> NO	MILITARY STATUS	<input type="checkbox"/> ACTIVE <input type="checkbox"/> RESERVE <input type="checkbox"/> RETIRED
MARK THE ITEM BELOW THAT BEST APPLIES TO YOU			
<input type="checkbox"/> MONTGOMERY GI BILL	<input type="checkbox"/> REHABILITATION	<input type="checkbox"/> POST VIETNAM	<input type="checkbox"/> WIDOW
		<input type="checkbox"/> RESERVE/NATIONAL GUARD W/ 6 YEARS	<input type="checkbox"/> RESERVE/NATIONAL GUARD W/ ADDITIONAL

HIGHEST YEAR OF SCHOOL COMPLETED			
<input type="checkbox"/> AA/AS DEGREE	<input type="checkbox"/> GED CERTIFICATE	<input type="checkbox"/> HIGH SCHOOL DIPLOMA	<input type="checkbox"/> SOME COLLEGE
<input type="checkbox"/> 4 YEAR COLLEGE	<input type="checkbox"/> GRADUATE STUDIES	<input type="checkbox"/> NONE	<input type="checkbox"/> TECHNICAL/CERTIFICATE
EDUCATIONAL GOAL			
<input type="checkbox"/> COMPLETE ADULT HIGH SCHOOL	<input type="checkbox"/> DRIVER'S LICENSE	<input type="checkbox"/> EARN GED	<input type="checkbox"/> SKILLS ENRICHMENT
<input type="checkbox"/> EARN ASSOCIATES DEGREE (AS/AA)	<input type="checkbox"/> COMPLETE EXTERNAL DIPLOMA	<input type="checkbox"/> INDUSTRY CERT	<input type="checkbox"/> TEACHER'S CERTIFICATION
<input type="checkbox"/> EARN A BA/BS AFTER AA/AS	<input type="checkbox"/> EMPLOYMENT UPGRADE	<input type="checkbox"/> JOURNEY WORKER CERT	<input type="checkbox"/> TRANSFER CREDITS
<input type="checkbox"/> FULL COLLEGE ADMISSIONS	<input type="checkbox"/> PERSONAL ENRICHMENT	<input type="checkbox"/> MILITARY	<input type="checkbox"/> US CITIZENSHIP
<input type="checkbox"/> EARN A CERTIFICATE	<input type="checkbox"/> ENGLISH AS A SECOND LANGUAGE		

ACCOMODATIVE SERVICES:	ARE YOU A PERSON WITH A DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU REQUIRE ACCOMODATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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THE LANGUAGE USED AT YOUR HOME- YOU TO PARENTS			THE LANGUAGE USED AT YOUR HOME- PARENTS TO YOU		
<input type="checkbox"/> CANTONESE	<input type="checkbox"/> KOREAN	<input type="checkbox"/> VIETNAMESE	<input type="checkbox"/> CANTONESE	<input type="checkbox"/> KOREAN	<input type="checkbox"/> VIETNAMESE
<input type="checkbox"/> CHAMORRO	<input type="checkbox"/> MANDARIN	<input type="checkbox"/> OTHER	<input type="checkbox"/> CHAMORRO	<input type="checkbox"/> MANDARIN	<input type="checkbox"/> OTHER
<input type="checkbox"/> ENGLISH	<input type="checkbox"/> MICRONESIAN	_____	<input type="checkbox"/> ENGLISH	<input type="checkbox"/> MICRONESIAN	_____
<input type="checkbox"/> JAPANESE	<input type="checkbox"/> TAGLOG		<input type="checkbox"/> JAPANESE	<input type="checkbox"/> TAGLOG	

PUBLIC ASSISTANCE PROGRAMS (Please mark all that apply to you)		
<input type="checkbox"/> AHRD	<input type="checkbox"/> GHURA SELF SUFFICIENT	<input type="checkbox"/> GHURA PUBLIC HOUSING
<input type="checkbox"/> BLOCK GRANT	<input type="checkbox"/> DPHSS FOOD STAMP/ WELFARE	<input type="checkbox"/> GHURA SECTION 8
<input type="checkbox"/> PUBLIC HEALTH FOOD STAMP	<input type="checkbox"/> GHURA, GUAM TRANKILIDAT	<input type="checkbox"/> PUBLIC HEALTH WELFARE

PERSONAL STATUS			
<input type="checkbox"/> DISLOCATED WORKER	<input type="checkbox"/> NON-SUPERVISORY	<input type="checkbox"/> RETIRED	<input type="checkbox"/> UNEMPLOYED
<input type="checkbox"/> DISPLACED HOMEMAKER	<input type="checkbox"/> NOT EMPLOYED & NOT SEEKING	<input type="checkbox"/> SUPERVISORY	<input type="checkbox"/> WIA IB
<input type="checkbox"/> INCARCERATED	<input type="checkbox"/> REHABILITATION	<input type="checkbox"/> TANF	<input type="checkbox"/> OTHER: _____

SPECIAL PROGRAMS			
<input type="checkbox"/> STATE CORRECTIONS			
<input type="checkbox"/> WORKPLACE EDUCATION	<input type="checkbox"/> HOMELESS PROGRAM	<input type="checkbox"/> CARL PERKINS	
<input type="checkbox"/> EL CIVICS	<input type="checkbox"/> TUTORING	<input type="checkbox"/> FAMILY LITERACY	<input type="checkbox"/> OTHER: _____
	<input type="checkbox"/> COMMUNITY CORRECTIONS	<input type="checkbox"/> DISTANCE LEARNING	
	<input type="checkbox"/> ALTERNATIVE EDUCATION	<input type="checkbox"/> NON-TRADITIONAL	

HOW DID YOU LEARN ABOUT GCC AND ITS CLASSES?			
<input type="checkbox"/> GCC CATALOG	<input type="checkbox"/> FAMILY/ FRIENDS/ WORD OF MOUTH	<input type="checkbox"/> NEWSPAPER AD	<input type="checkbox"/> SENT BY EMPLOYER
<input type="checkbox"/> GCC EMP/COUNSELOR/ADVISOR	<input type="checkbox"/> HIGH SCHOOL RECRUITING EVENT	<input type="checkbox"/> RADIO AD	<input type="checkbox"/> TV AD
<input type="checkbox"/> GCC WEB PAGE/ INTERNET SITE	<input type="checkbox"/> JOB FAIR	<input type="checkbox"/> SCHOOL COUNSELOR/ADVISOR	<input type="checkbox"/> WALK IN STUDENT

I certify that the statements made in this Personal Information Form are true and correct. I understand that any false information found to have been willfully given by me herein or in any supporting document may be cause for refusing to admit me to or my immediate dismissal from Guam Community College.

STUDENT'S SIGNATURE: _____ Date: _____

FOR GCC OFFICES USE ONLY	
Information and valid picture ID verified by: _____	Date: _____