


Parent Education Application

Please type or print with a ballpoint pen.

Student I.D. Number		Social Security Number		IMPORTANT: Your social security number is confidential and, under a federal law called the Family Educational Rights & Privacy Act, the college will protect it from unauthorized use and/or disclosure. In compliance with state/federal requirements, disclosure may be authorized for the purposes of state and federal financial aid, Hope/Lifetime Learning tax credits, academic transcript, assessment or accountability research.	
Adult Student Last name		First name		Initial	
Address: number and street				Apt. number	
City, state and zip					
E-mail Address:					
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		Birth Date: Mo. _____ Day _____ Yr. _____			
List previous last names		Day phone number ()		Evening phone number ()	
U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not U.S. citizen, what is your Visa status? <input type="checkbox"/> Visitor <input type="checkbox"/> Temporary resident (Alien number _____) <input type="checkbox"/> International student (with F or M Visa) <input type="checkbox"/> Refugee/parolee or conditional entrant (Alien number _____) <input type="checkbox"/> Immigrant/permanent resident (Alien number _____) <input type="checkbox"/> Other (explain) _____			
Have you lived <u>continuously</u> in the state of Washington for the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you attended Shoreline Community College previously? <input type="checkbox"/> Yes <input type="checkbox"/> No Last date attended: _____					
Have you previously participated in a SCC Parent Education class? <input type="checkbox"/> Yes <input type="checkbox"/> No Last date you participated: _____					
I certify that to the best of my knowledge all statements on this form are true.					
 Applicant's signature				Today's date	

INSTRUCTOR'S USE ONLY			
LINE #	COURSE	DAY & TIME	INSTRUCTOR
#8019 Y1	PARED 191	12:00pm-01:00pm T	Elzea/Rippee

OFFICE USE ONLY		
DATE RECEIVED:	DATE REGISTERED:	BY: