



College Plus Program

Application for Admission

I am applying to the College Plus Program:

Fall 2010 [] Spring 2011 []

Fall 2011 [] Spring 2012 []

General Information

Date _____

Applicant Name _____

Address _____

City, State, Zip _____

Phone Number(s) _____ Home

_____ Work

Student Cell Phone # _____

Student Email Address _____

Male [] Female []

Date of Birth _____

Place of Birth _____

Social Security # _____

California Regional Center Client? Yes [] No []

Specific Regional Center _____

Service Coordinator/Case Manager _____

Primary Diagnosis _____

Secondary Diagnosis _____

Family Information

Mother's Name _____

Address _____

City, State, Zip _____

Home Phone _____

Cell Phone _____

Email Address _____

Occupation _____

Employer _____

Business Address _____

City, State, Zip _____

Fax Number _____

Father's Name _____

Address _____

City, State, Zip _____

Home Phone _____

Cell Phone _____

Email Address _____

Occupation _____

Employer _____

Business Address _____

Fax Number _____

Step Mother's Name _____

Address _____

City, State, Zip _____

Home Phone _____

Cell Phone _____

Email Address _____

Step Father's Name _____

Address _____

City, State, Zip _____

Home Phone _____

Cell Phone _____

Email Address _____

Sibling Information

Please list all siblings in chronological order (eldest first). Include the applicant and all step and half siblings. Please indicate if deceased.

Name _____ Age _____ Sex _____

Name _____ Age _____ Sex _____

Name _____ Age _____ Sex _____

Name _____ Age _____ Sex _____

Name _____ Age _____ Sex _____

How were you referred to the College Plus Program?

Referred By _____

Phone Number _____

Address _____

City, State, Zip _____

Email _____

Consultant []

Website []

Magazine []

Other []

Educational Information

The College Plus Program will need official copies of the applicant's high school and college transcripts. Please list all the schools that the applicant has attended from 9th through 12th grade. Also include colleges or other relevant educational programs.

School Name _____

Years Attended _____

Mailing Address _____

Phone _____

Grade Level Achieved or Diploma or Degree _____

School Name _____

Years Attended _____

Mailing Address _____

Phone _____

Grade Level Achieved or Diploma or Degree _____

School Name _____

Years Attended _____

Mailing Address _____

Phone _____

Grade Level Achieved or Diploma or Degree _____

School Name _____

Years Attended _____

Mailing Address _____

Phone _____

Grade Level Achieved or Diploma or Degree _____

Advisor/Guidance Counselor at Current School:

Name _____ Phone _____

School _____ Address _____

City, State, Zip _____ Email _____

Applicant Information

Please list all counselors and therapists who have seen the applicant.

Name _____
Nature of Service _____ Age Seen _____
Address _____
City, State, Zip _____ Phone _____

Name _____
Nature of Service _____ Age Seen _____
Address _____
City, State, Zip _____ Phone _____

Name _____
Nature of Service _____ Age Seen _____
Address _____
City, State, Zip _____ Phone _____

Do you have any medical conditions? _____

Please list your specific diagnosis _____

Have you ever been hospitalized for psychological reasons? Yes [] No []

If yes, please give date and reason _____

Do you take any medications? Yes [] No []

If yes, please describe for what? _____

Is there a history of alcohol, drug or legal difficulties? Yes [] No []

Is yes, please describe _____

Have you ever been convicted of a felony? Yes [] No []

If yes, please describe _____

Have you ever been suspended or dismissed from a school? Yes [] No []

If yes, please explain _____

Are you your own legal guardian? Yes [] No []

If legally conserved, please identify conservator(s) _____

Special Information

Will you need tutoring services? _____

What are your best subjects? _____

Do you know what major you will declare? _____

Do you want specialized training in any area? _____

Additional Comments: _____

Extracurricular, Community and Volunteer Activities

Please list your principle extracurricular, community, church, family activities and hobbies. Include specific events and/or major accomplishments such as musical instruments played, varsity letters earned, etc. Please indicate the activities you hope to pursue at the College Plus Program.

Student Statement
(Attach Student Statement separately)

- Please explain your strength, interests and weaknesses.
- Please share 3 goals that you would like to achieve while attending the College Plus Program

Parent Statement
(Attach Parent Statement separately)

- Please describe your students strengths
- Please share 3 goals that you would like your student to achieve while attending the College Plus Program

Letter of Recommendation
(Attach Letter of Recommendation separately)

- Personal reference from a non-family member

Statement of Authenticity

Name of person completing application _____

Address _____

City, State, Zip _____

Phone Numbers _____ Home

_____ Work

If not applicant, please state relationship to applicant _____

I certify that all the information in this application is true and complete to the best of my knowledge.

_____ Date _____

Signature of Applicant

_____ Date _____

Signature of Preparer