Harold Washington College, 30 East Lake Street, Chicago, IL 60601

CITY COLLEGES OF CHICAGO

Student Information Card

For office use only: Student ID 0 0 0

College & Satellite Campus KK ☐ DTI ☐ WCI ☐ HW ☐ MX ☐ WSLC ☐ TR ☐ LLC ☐ TTC ☐ OH ☐ SCLC ☐ DA ☐ WSTI ☐ WR ☐ HPV ☐

Term ☐☐ (SU: Summer, FA: Fall, SP: Spring) Year 2 0 ☐☐ Prefix ☐☐☐☐ (Miss, Mr, Mrs, Ms, Dr)

First name ☐ Middle initial ☐ Last name ☐

Suffix ☐☐☐ (II, III, IV, Jr, Sr) Marital status ☐ (S: Single, M: Married) Social Security Number ☐☐☐-☐☐-☐☐☐☐

Gender ☐ (F: Female, M: Male) Date of birth ☐☐ / ☐☐ / ☐☐☐☐ Country of birth ☐

Month Day Year

Military status ☐

(A: Active reserve, C: Current, I: Inactive reserve, N: No military service, R: Retired, V: Veteran)

Disabled Veteran (Y: Yes, N: No) ☐

Home phone number ☐☐☐ ☐☐☐ ☐☐☐☐ (B: Business, C: Cellular) ☐ Phone number ☐☐☐-☐☐☐-☐☐☐☐

Home e-mail address ☐ (A CCC Student E-mail Account will be assigned upon completion of registration.)

Home street address ☐

City ☐ State ☐☐ Zip ☐☐☐☐☐ County ☐

Hispanic or Latino (Or Spanish Origin) Yes Hispanic or Latino ☐ Not Hispanic or Latino ☐

Racial Group (select all that apply) ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Choose not to Respond

Are you in the U. S. on a Visa (Nonresident Alien)? Yes ☐ No ☐

Home Country of Origin ______

Primary Racial/ Ethnic Group ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Choose not to Respond

Declaration of Intent (Required for all new students & returning students changing their academic plans)

Academic career ☐ Semester Credit Academic program ☐☐☐ ☐ Skills ☐☐☐ ☐ Continuing Education

C O N T

TRN: Transfer

WKY: Workforce (Business/ Occupational) financial aid eligible

WKN: Workforce (Business/ Occupational) non-financial aid eligible

CRS: Course Taker

SYL: Academic plans with fewer than or equal to 30 hours & financial aid eligible

SNL: Academic plans with fewer than or equal to 30 hours & non-financial aid eligible

SYG: Academic plans with more than 30 hours & financial aid eligible

SNG: Academic plans with more than 30 hours & non-financial aid eligible

CONT: Continuing Education / Special Interest

Academic plan ______ ______ ______

For office use only (Students must reside at the current residency for more than 30 days prior to the beginning of term in order to qualify for the proper tuition rates.)

Residency ☐☐ (ID: In district, OD: Out-of-district [in Illinois, not Chicago], OS: Out-of-state, VI: Visa)

Visa Type ☐☐☐ (F1, H1B, H1C, J1, J2, L1 or L2)

Working in the City of Chicago ☐ Y: Yes, N: No Name of Employer: ______ Employer Phone Number ______

Document used to verify residency: ______ Verified by: ______

6/1/2009

Please complete information on back page.

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Employment status ☐ (1: Full-time [over 30 hours weekly], 2: Part-time [over 15 hours weekly], 3: Part-time [15 hours or fewer weekly], 4: Homemaker, 5: Unemployed, 6: Other)

Public aid recipient ID ☐☐☐☐☐☐☐☐☐☐☐☐☐

Annual Family Income ☐

A: Less than $2,999
B: $3,000 - 5,999
C: $6,000 - 8,999
D: $9,000 - 11,999
E: $12,000 - 14,999
F: $15,000 - 17,999
G: $18,000 - 20,999
H: $21,000 - 23,999
I: $24,000 - 26,999
J: $27,000 - 29,999
K: $30,000 - 35,999
L: $36,000 - 41,999
M: $42,000 - 47,999
N: $48,000 - 53,999
O: $54,000 - 59,999
P: $60,000 or more
Q: Not indicated

Number of children ☐☐

Did your parents complete a four-year degree? ☐

A: Father only
B: Mother only
C: Both parents
D: Neither parent
E: Unknown

Your highest degree previously earned ☐

N: None
G: GED
H: HS Diploma
C: Certificate
A: Associate degree
B: Bachelor's degree
M: Master's degree
P: Professional (i.e. Dental, Law, Medical)
D: Doctoral degree
O: Other
S: Completed one or more college courses
U: Unknown

Completion date ☐☐ / ☐☐ / ☐☐☐☐ (Month / Day / Year)

Are you solely dependent on someone else's income? Y:Yes ☐ N:No ☐

Is English your native language? ☐ (Y: Yes, N: No)

Please check (√) if information was received: ☐ Voter registration ☐ Miscellaneous health info

Student intent ☐

1: Transfer to 4-year college
2: Improve present job skills
3: Prepare for future job
4: GED / Basic Skills / ESL
5: Pursue personal interest
6: Unknown / other

Primary disability ☐ **Secondary disability** ☐ **Additional secondary disability** ☐

0: No disability
1: ADD / ADHD
2: Blind and low vision
3: Deaf and hard of hearing
4: Developmental disability
5: Mobility/Movement disability
6: Psychological disabilities
7: Systemic/Chronic health problems / Medical disability
8. Learning disabilities
9: Other disability

Did you complete a high school diploma or GED certificate? ☐ (N: Neither, G: GED, H: HS diploma)

Completion date ☐☐ / ☐☐ / ☐☐☐☐ (Month / Day / Year)

Name of high school from which you graduated: _____

Date of last high school attendance ☐☐ / ☐☐ / ☐☐☐☐ (Month / Day / Year)

Name of college last attended: _____

Date of last college attendance ☐☐ / ☐☐ / ☐☐☐☐ (Month / Day / Year)

High school location (City and State): _____

Emergency contact ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (Last name) , ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (First name) **Relationship:**_____ (e.g. Father, Mother, Spouse, …….)

Emergency contact address same as student ☐ (Y: Yes, N: No) If answer is yes, skip the next two lines and proceed to contact phone number.

Emergency contact address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **State** ☐☐ **Zip** ☐☐☐☐☐

Contact Home phone ☐☐☐ - ☐☐☐ - ☐☐☐☐ (Area code) (B: Business, C: Cellular) ☐ **Phone number** ☐☐☐ - ☐☐☐ - ☐☐☐☐ (Area code)

I certify that the information contained on this form is true to the best of my knowledge.

Student signature_____

Today's date ☐☐ / ☐☐ / ☐☐☐☐ (Month / Day / Year)