



# Long Beach Cal-SOAP Student Information Sheet



## STUDENT CONTACT INFORMATION

First Name	Middle Name	Last Name
Street Address		
City	State	Zip Code
(    )		
Telephone	E-Mail	Date of Birth

## STUDENT POPULATION DATA

ETHNICITY (select the option which you most identify)

<input type="checkbox"/> African American/Black	<input type="checkbox"/> Asian / Pacific Islander	<input type="checkbox"/> Filipino
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Hispanic / Latin@	<input type="checkbox"/> Decline to State
<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Native American	<input type="checkbox"/> Other _____

GENDER IDENTITY                      RESIDENCY STATUS (select all that apply)

<input type="checkbox"/> Male	<input type="checkbox"/> AB540	<input type="checkbox"/> Legal Resident
<input type="checkbox"/> Female	<input type="checkbox"/> DACA	<input type="checkbox"/> US Citizen
<input type="checkbox"/> Other	<input type="checkbox"/> Non Resident	<input type="checkbox"/> Decline to State

## SCHOOL INFORMATION

School Name	Year of High School Graduation

## PARENT & FAMILY INFORMATION

What is the highest level of education completed by your parents in the United States?

<b>Parent 1</b>		<b>Parent 2</b>	
<input type="checkbox"/> Grade School	<input type="checkbox"/> College (4 Year Degree)	<input type="checkbox"/> Grade School	<input type="checkbox"/> College (4 Year Degree)
<input type="checkbox"/> Middle School	<input type="checkbox"/> Graduate Degree	<input type="checkbox"/> Middle School	<input type="checkbox"/> Graduate Degree
<input type="checkbox"/> High School	<input type="checkbox"/> None	<input type="checkbox"/> High School	<input type="checkbox"/> None
<input type="checkbox"/> Some College	<input type="checkbox"/> Unknown	<input type="checkbox"/> Some College	<input type="checkbox"/> Unknown

Primary Language Spoken at Home: \_\_\_\_\_

Number of Individuals in the Household: \_\_\_\_\_

Are you part of your school's Free / Reduced Lunch Program? \_\_\_\_ Yes \_\_\_\_ No

Indicate your estimated annual household income.

Less than \$33,600

\$33,601 to \$37,900

\$37,901 to \$42,100

\$42,101 to \$47,100

\$47,101 to \$50,901

\$50,901 or higher

Decline to State

**(Turn Over)**



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## STUDENT ACKNOWLEDGEMENT

I understand that this Information Sheet is an attempt to collect data regarding services rendered. I understand that at any time I may decline Cal SOAP services at any time. Furthermore, I understand that all information is confidential and will be held in the strictest of confidence.

Student Signature

Date

### PARENT CONSENT

(to be completed only by the student's parent)

#### COLLEGE ENROLLMENT VERIFICATION/AUDIO/VIDEO PARENTAL RELEASE

I grant permission to Cal-SOAP and California State University, its employees and agents, to access my child's college enrollment history using the Student Tracker through the National Student Clearinghouse. The information obtained will be used solely to verify college enrollment. Cal-SOAP and California State University will not have access to personal academic records.

I grant permission to Cal-SOAP and California State University, its employees and agents, to take and use visual/audio images of my child. Visual/audio images are any type of recording, including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. Neither Cal-SOAP nor CSU will materially alter the original images. I agree that Cal-SOAP and CSU owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as university-sponsored web sites, publications, promotions, broadcasts, advertisements, posters, and theater slides, as well as for non-university uses. I waive any right to inspect or approve the furnished images or any printed or electric matter that may be used with them, or to be compensated for them.

I release Cal-SOAP and CSU and its employees and agents, including any authorized firm to publish and/or distribute a finished product containing the images from any claims, damages or liability which I may ever have in connection with the taking of and/or use of the images or printed material used with the images.

Please check the appropriate box or boxes.

- I consent to the audio/visual release.
- I consent to the college enrollment verification.
- I do not consent to either of the above.

#### PARENT SIGNATURE

I certify that the above information is true and accurate to the best of my knowledge. I understand that this information is necessary for my child to participate in this college outreach and academic preparation program known as the California Student Opportunity & Access Program (Cal-SOAP).

Yo certifico que toda la información contenido en esta aplicación es verdadera y correcta a lo mejor de mi conocimiento. Yo entiendo que esta información es necesaria para que mi hijo/hija participe en el programa de Cal-SOAP.

#### VERIFICACIÓN DE MATRICULACIÓN AL COLEGIO/PERMISO DE IMAGINES AUDIOVISUALES

Yo le doy consentimiento al programa Cal-SOAP, a la Universidad Estatal de California, y sus empleados y a sus agentes, de tener acceso a la historia escolar de mi hijo/a usando el sistema Rastreador de Estudiantes, parte del National Student Clearinghouse. La información obtenida se usara únicamente para verificar que mi hijo/a esta asistiendo el colegio. Cal-SOAP y la Universidad Estatal de California no tendrá acceso a sus papeles personales.

Concedo el permiso a Cal-SOAP, a la Universidad Estatal de California, a sus empleados y agentes, para tomar y usar imagines audiovisuales de mi hijo/a. Las imagines audiovisuales incluyen cualquier tipo des grabaciones, incluyendo pero no limitadas a fotografías, imagines digitales, dibujos, interpretaciones, voces, sonidos, video, grabaciones, clips de audio, y descripciones escritas. Cal-SOAP y la Universidad Estatal de California no cambiaran el material de las imágenes originales. Estoy de acuerdo que Cal-SOAP y la Universidad Estatal de California poseen todos los derechos relacionados con ellas. Las imágenes pueden ser usadas en cualquier manera o medio sin notificarme, como en sitios de la Universidad y Cal-SOAP, publicaciones, promociones, emisiones, carteles, diapositivas de teatro, así como para usos no de la universidad. Renuncio cualquier derecho a inspeccionar o aprobar las imágenes o cualquier materia impresa o electrónica que pueda ser usada con ellas y de ser compensado por ellas.

Doy permiso a Cal-SOAP, a la Universidad Estatal de California, a sus empleados y agentes incluso a cualquier firma autorizada a publicar y/o distribuir un producto acabado que contiene las imágenes, de cualquier demandas, daños y responsabilidad que puedan tener alguna vez en relación a la toma y/o el uso de las imágenes o materia impresa usada con ellos/as.

Por favor marqué la caja o cajas apropiadas.

- Soy consentimiento.
- Soy consentimiento a la verificación de matriculación al colegio.
- No Soy consentimiento a ninguna de las opciones.

Parent Signature/Firma del Padre

Date/Fecha

OFFICIAL USE ONLY

Submitted by

Date Submitted

Entered by

Date Entered