



Student ID #:

Office Use Only:
Name:

1. **Name:** (Please use your full name as it appears on your Social Security Card)

Salutation: (check one) Mr. Mrs. Miss Ms.

Last _____ First _____ Middle _____

Previous Name(s) _____

Permanent Legal, Home Mailing Address: # and Street (Apt. #) or Rural Route & Box Number

City _____ State (or Country) _____ Zip Code _____ County _____

2. **Area Code & Phone #:** Home () _____ Cell () _____

3. **Social Security Number:** _____ / _____ / _____

****Social Security Number is a requirement for Federal reporting and possible tax deductions.****

****You will be assigned a DACC ID# for general use.****

4. **Date of Birth:** _____ 5. **Gender:** Female Male

6. **Emergency Contact:** _____

Phone # _____ Relationship _____

7. **Ethnic/Race Classification:** (Providing the information below is voluntary and will not be used in a discriminatory manner. These questions comply with Federal Regulation standards for ethnic and racial data collection.)

a. Are you Hispanic or Latino? Yes No

b. Are you from 1 or more of the following racial/ethnic groups? (Select **ALL** that apply.)

American Indian or Alaskan native Black or African American White/Non-Hispanic
 Asian or Pacific Islander Native Hawaiian or Pacific Islander

c. Please identify your primary racial/ethnic group (**Select One**)

American Indian or Alaskan native Black or African American White/Non-Hispanic
 Asian or Pacific Islander Native Hawaiian or Pacific Islander

8. **Term you plan on starting in:** (check one) Fall 20____ Spring 20____ Summer 20____

9. **Program of Study / Major:** _____

Career/Occupational (To prepare for work world) Personal Interest / No Degree or Certificate
 Transfer/Baccalaureate (To prepare for transfer to four year college)

10. **Admissions Status:** First time College Student Corporate & Community Education Enrollee
 Dual Enrollment Student Readmitted Student (Attended DACC Before)
 Transferring from another college

11. **Educational Goal:** Complete 1 or more course(s) Complete Certificate (30 plus hours)
 Complete Certificate (1-29 hours) Complete Associate Degree

12. **Citizenship or Visa:**

U.S. Citizen Not on a Visa/Not a U.S. Citizen Permanent Resident (green card) Please attach copy.

In U.S. on a Visa. Type of Visa: _____ (Please attach copy.)

Country of Citizenship: _____ Expiration Date of Visa: _____

Applying for a Student Visa (Please note that we have a separate International Student Application.) Month/Day/Year

13. **Are you a veteran?** Yes No

Are you a dependent of a veteran? Yes No

Is your spouse a veteran? Yes No

14. **Institution / High School Attended: (check one)**

- Armstrong 13471 Danville 13834 GED-37129 North Vermillion 36401 Schlarman 306
 Bismarck 13518 First Baptist 13836 Hoopeston 14014 Oakwood 13928 Seeger 15089
 Catlin 13579 Fountain Central 15063 Jamaica 14375 Rossville 14349 Shiloh 14015
 Chrisman 13801 Georgetown-Ridge Farm 13956 Milford 14137 Salt Fork 157237 Westville 14479
 Covington 14607 Other: _____

High School / GED Information: (check one)

- Currently in High School or taking GED classes. Expected Completion: _____
Month/Day/Year
 Graduated from High School: _____ Received GED: _____
Month/Day/Year Month/Day/Year
 Did not Graduate or Receive GED

List all Colleges/Universities previously attended or currently attending

Name of School	City/State	Attended From/To	Date Graduated
_____	_____	_____/_____/_____	_____/_____/_____
_____	_____	_____/_____/_____	_____/_____/_____

15. **Highest Previous Degree Earned: (check one)**

- None GED Certificate Certificate Bachelor's Degree Doctoral Degree
 High School Some College/No Degree Associate Degree Master's Degree Other Unknown

16. **Employment Status:**

- Employed Full-time Employed Part-time/15+ hours Employed Part-time/1-14 hours Homemaker
 Unemployed/Retired Other No Response

17. **Attendance Goal:**

- Transfer to 4 Year College Improve skills for job Prepare for job in future
 Prepare for GED For personal interest Unknown

18. **What is the highest degree/education level your mother/father/legal guardian completed?**

	None	High School/GED	Some College	Associate Degree	Bachelor's Degree	Master's Degree or Higher
Parent 1/Mother						
Parent 2/Father						
or Legal Guardian						

19. **Is English your native language?** Yes No

20. **Are you a Displaced Homemaker?** According to federal guidelines, a Displaced Homemaker is an individual who **a)** has worked primarily without payment to care for a home/family and for that reason has diminished marketable skills; **AND b)** is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment. Yes No

21. **Are you a single parent?** According to federal guidelines, a single parent is either a single pregnant woman **OR** an individual who is unmarried or legally separated from a spouse and has a minor child or children for which the parent either has custody or joint custody.
 Yes No

NON-DISCRIMINATION STATEMENT: Danville Area Community College does not discriminate in educational opportunities, including career and technical educational opportunities, on the basis of race, color, sex, religion, age, national origin, ancestry, marital status, unfavorable discharge from military service (except dishonorable), mental or physical disability unrelated to the ability to perform essential program and job functions, veteran status, or any basis of discrimination precluded by the applicable federal and state statutes in its programs and activities. The College will take steps to assure that the lack of English-language proficiency will not be a barrier to admission and participation in CTE programs. Career and technical education courses/program offerings and admission criteria are on our web site, www.dacc.edu or by calling [217-443-3222](tel:217-443-3222). Inquiries regarding the non-discrimination policy are handled by Jill A. Cranmore, Director, Human Resources, Affirmative Action Officer, Title IX Coordinator, and Section 504/ADA Coordinator at DACC, 2000 E. Main St., Martin Luther King Memorial Way, Danville, IL 61832-5199, [217-443-8756](tel:217-443-8756), or jcranmore@dacc.edu.

I VERIFY THAT THE INFORMATION ON THIS FORM IS TRUE

SIGNED _____	DATE _____
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