



Central Coast Cal-SOAP Information Sheet

Please Print Clearly

Date: _____

I. Student Information

School: _____ Site Coordinator _____ Tutor: _____

Student's Name _____
Last First Middle

Address: _____
Street Apt. City State Zip Code

Date of Birth: ____/____/____ Telephone: (____) _____ - _____ Gender: Female ____ Male ____

Email: _____ Grade Level _____ GPA: _____

Are you the first in your family to attend college? Yes No
Expected Graduation Year: 7th grade-2011 8th grade-2010 9th grade-2009
 10th grade-2008 11th grade-2007 12th grade-2006

Ethnicity: African American Asian/Pacific Islander Filipino/a White/Caucasian
 Native American/Alaskan Native Latino Other(write in) _____

Citizen? Yes No Permanent Resident? Yes No Declined to state? _____

II. Parents/Family Information

Mother's Name: _____
First Last

Address (if different from student): _____

Home Phone: _____ Work Phone: _____

Father's Name: _____
First Last

Address (if different from student): _____

Home Phone: _____ Work Phone: _____

Guardian's Name: _____
First Last Middle

Annual Family Income: \$0-29,200 \$29,201-\$32,900 \$32,901-\$36,600 \$36,601-\$40,900
 \$40,901-\$44,200 \$44,201 or over

Language Spoken at Home: _____ Total Number of Family Members: _____

III. Other Information:

Please use the line below to indicate any college preparatory or advising programs you are or have been involved in other than this program:

EOPS AVID EAOP Upward Bound MESA Educational Talent Search Gear Up Other _____

What areas would you most like assistance in: _____

I give permission for my child to participate in Central Coast Cal-SOAP. I will allow my child's school to share information with Cal-SOAP regarding my child's grades, college test scores, attendance, and class schedule. I understand that my child may be called out of non-academic classes to meet with Cal-SOAP advisors twice per month.

For Office Use Only:
Approved by: _____
Entry Date: _____
Eligibility Status:
<input type="checkbox"/> Low Income
<input type="checkbox"/> First Generation
<input type="checkbox"/> Low Income & First Generation
<input type="checkbox"/> Regional

Parent/Guardian Signature: _____ Date: _____