



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. **Homeless:** Are you Homeless?     Yes     No    If Yes, please list an alternate mailing address above (in #1) for required communications (financial aid, records and business office).
3. **Foster Care System:** Are you in the Foster Care System or have you aged out of the system?     Yes     No
4. **Area Code & Phone #:** Cell (    ) \_\_\_\_\_ Alternate (    ) \_\_\_\_\_ Alternate Number: \_\_\_\_\_  
*Please Check One*  
 Other Cell  
 Landline  
 Work Number  
**Note:** Cell phone numbers will be used for the Emergency Text Alert system. Students may opt out.
5. **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.\*\***
6. **Date of Birth:** \_\_\_\_\_    7. **Gender:**     Female     Male
8. **Emergency Contact:** \_\_\_\_\_  
 Phone # \_\_\_\_\_ Relationship \_\_\_\_\_
9. **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
10. **Term you plan on starting in:** (check one)     Fall 20\_\_\_\_     Spring 20\_\_\_\_     Summer 20\_\_\_\_
11. **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)
12. **Admissions Status:**     High School Student     Returning Student (Attended DACC Before)  
 New Student     Corporate & Community Education Enrollee  
 New Transfer from another college
13. **Educational Goal:**     Complete 1 or more course(s)     Complete Certificate (30 plus hours)  
 Complete Certificate (1-29 hours)     Complete Associate Degree
14. **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

15. **Armed Forces:** Are either of your parents a member of the Armed Forces and on Active Duty?  Yes  No

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

Are you a dependent of a veteran?  Yes  No

Is your spouse a veteran?  Yes  No

**17. Institutions Previously Attended:**

**High School/High School Equivalency (GED) Information (check one)**

- Armstrong 13471     Danville 13834     High School Equivalency (GED) 37129     North Vermillion 36401     Schlarman 306
- Bismarck 13518     First Baptist 13836     Hoopston 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: (check one)**

Currently in High School

Expected Completion: \_\_\_\_\_  
Month/Day/Year

Graduated from High School: \_\_\_\_\_  
Month/Day/Year

Did not Graduate

**High School Equivalency (GED): (check one)**

Currently in High School Equivalency

Expected Completion: \_\_\_\_\_  
Month/Day/Year

Graduated from High School Equivalency: \_\_\_\_\_  
Month/Day/Year

Did not Graduate

**List all Colleges/Universities previously attended or currently attending**

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

**18. 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

**19. Employment Status:**

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

**20. Attendance Goal:**

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

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

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

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

23. **Are you an Out-of-Workforce Individual?** According to federal guidelines, an Out-of-Workforce individual is an individual who **a)** has worked primarily without payment to care for a home/family and for that reason has diminished marketable skills; **OR b)** is a parent whose youngest dependent child will become ineligible to receive assistance under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.) not later than 2 years after the date on which the parent applies for assistance under such title; **OR c)** is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.  Yes  No

24. **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](http://www.dacc.edu) or by calling 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, or [jcranmore@dacc.edu](mailto:jcranmore@dacc.edu).

\*\*\*\*I VERIFY THAT THE INFORMATION ON THIS FORM IS TRUE\*\*\*\*

<b>SIGNED</b> _____	<b>DATE</b> _____
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