

You do not need to be enrolled to complete this form. This form must be completed by the applicant. We use an academic year contract (August to May). Exceptions: Spring only, Fire Academy, or to transfer or graduate.

August of _____ to May of _____ OR Fall of _____ OR Spring of _____

Name: _____
LAST FIRST MIDDLE

Mailing Address: _____
P.O. BOX or STREET ADDRESS CITY STATE ZIP CODE

Home Phone: () _____ Cell Phone: () _____

Student ID (issued when you "apply" to the college): _____

Date of Birth: _____ Age: _____ Male Female

Check all that apply and explain all checked items indicating how the condition is managed i.e. through medication or ongoing physician assistance: Asthma Heart Disorder Seizures Mental Health Diagnoses Allergies

Explain any checked items and list medications. Are there any other conditions that the college should be aware of and how those are managed:

Do you want to: Share a room at the lower rate Or Have a private room at a higher rate

Field of Study (i.e. General Ed, Nursing, Fire Academy, etc.): _____

Will you be playing a college sport? Yes No If Yes, which one? _____

Are you currently in foster care? Yes No If yes, list your Case Worker (CW) information below:

CW Name: _____ County: _____ Phone: () _____

If not currently in foster care, have you been within the past 5 years? Yes No

Do you smoke? Yes No (*Note: We are a smoke-free facility)

a) Have you ever had any felony or misdemeanor charges sustained against you? Yes No

b) Do you currently have any offenses pending against you in a court of law for which you are out on bail or have you been released on your own recognizance, pending trial? Yes No

c) Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes to any of a) b) or c) above, please explain, giving nature of offense, date, location, probation, parole, etc.:

Are you a: Morning person Night person or Both

What type of housekeeper are you? Neat Casual Messy

Enjoy sports: Yes List: _____

Enjoy music: Yes List: _____

Other info or roommate preference: _____

By checking this box I certify that all information is true and accurate. I understand that nondisclosure or falsifying of information may be cause for denial of my application and/or removal from Residence Halls.



In order to reserve a space in the Dormitories, or to get on the waiting list, complete and **mail this reservation form**, along with a **refundable \$200 security deposit**, to:

Shasta College Dormitories
19733 Shasta College Drive
Redding, CA 96003