



# Southern San Joaquin Valley Cal-SOAP

## Student Database Form

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **Student ID:** \_\_\_\_\_      **Student State ID:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_  
First Middle Initial Last

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **Gender:**  Female /  Male /  Decline to State

**Home Address:** \_\_\_\_\_  
Street       Apt. /  Spc. /  Lot (Check if applicable)  
 \_\_\_\_\_  
City State Zip

**Telephone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      **E-Mail Address:** \_\_\_\_\_

**High School Name:** \_\_\_\_\_      **Grade Level:** \_\_\_\_\_      **G.P.A.:** \_\_\_\_\_

**Ethnicity (Please Check One)**

- African American       Hispanic       Native American       Asian or       Other  
 White/Caucasian       Filipino       or Alaskan Native       Pacific Islander

**Residency (please Check One)**

- US Citizen       Legal Resident       Decline to State       AB540       DACA       Non Resident

**Home Language:** \_\_\_\_\_      **Number in Household:** \_\_\_\_\_      **Are you a foster youth?**  Yes /  No

**Highest Level of Education Reached By Your Parents (Please Check One for Each Parent)**

- Parent 1:     Middle School       High School Grad       College Grad       Technical or Vocational School  
                Some High School       Some College       Graduate Degree       Not Sure / Don't Know

- Parent 2:     Middle School       High School Grad       College Grad       Technical or Vocational School  
                Some High School       Some College       Graduate Degree       Not Sure / Don't Know

**Household Primary Income Source (Please Check One):**

- AFDC       Cal-WORKS / Welfare       Disability Insurance       Disabled Veterans benefits       Other       None  
 Social Security       Supplemental Security Income       TANF / Public Assistance       Unemployment Benefits       Wages / Employment

**Do you receive free or reduced lunch?**     Yes /  No

**Parent/Guardian 1 Name:** \_\_\_\_\_      **Parent/Guardian 2 Name:** \_\_\_\_\_

**Emergency Contact Information (Must Be Someone Over Age 18):**

**Name:** \_\_\_\_\_      **Telephone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      **Relation:** \_\_\_\_\_

**How did you learn about Cal-SOAP? (Please Check One)**

- Family       Pamphlet       Teacher       Advisor  
 Other Student       Website       Social Media       Other: \_\_\_\_\_

**Preferred Services (Please Check Two)**

- Academic Preparation       College Awareness       Financial Aid Awareness       Summer Academic Programs  
 Career Exploration       Family Outreach       College Visit       Tutoring: \_\_\_\_\_

**College Interests:**

**Career or Major Interests:**

1.	1.
2.	2.
3.	3.

**Test Scores:**

Name of Test:	PSAT	SAT	ACT
Date Taken:	/ /	/ /	/ /
Combined Score:			