

Student Identification Number

if you do not have an OC SID leave blank

Name (last, first, initial) How long have you lived continuously in the state of Washington? () Years () Months

RES FEE

Summer 2019

Previous last name **e-mail:**

Intent : What is your reason for attending OC? Check one:

- F Professional/Technical Program
Program code required: _____
- XXXX J Upgrading job skills (PROG): _____
- F Apprentice (604A) _____ Helper (604C)
- G Nursing/PTA applicant or taking prerequisites
(Program Code): _____
- G BS/BAS applicant/taking prerequisites:
PROG _____ (32B-BSN/5BS IS/2BA OLTM)
- B Associate: academic degree- transfer to 4-yr university
(PROG): _____
- A Associate: Academic Non-Transfer Degree (AAT required)
- D High School Diploma /GED/ABE/ESL
- L Non-Award Seeking Student
- Y Other/None of the above

Purpose: What is your goal for attending OC?
Check one:

- XXXX 11 Take courses related to current/future work
- 12 Transfer to 4-year college/university
- 14 Explore career direction
- 15 Personal enrichment
- 13 High School Diploma or GED
- 90 Other

Student Type? Check one:

- 4 New student
- 1 Continuing student (attended last quarter)
- 2 Returning student (attended summer 1985 or after)
- 3 Former student (attended spring 1985 or before)

Are you active duty military or a dependent? _____ No _____ Yes
If Yes check one: (Must show ID each quarter)

- J Active duty military currently using TA
- K Active duty military
- L Active duty military dependent

Are you a veteran or did you serve in the U.S. Armed Forces?
_____ No _____ Yes If Yes check one below:

- A Montgomery GI Bill (Ch 30)
- B Vocational Rehab & Employment Program (Ch 31 VR&E)
- C Veterans Educational Assistance Program (Ch 32 VEAP)
- D Post 911 (Ch 33)
- E Post 911 Transfer of benefits to eligible dependent (Ch 33)
- F Dependent of 100% disabled/deceased vet (Ch 35)
- G Chapter 1606 (MGIB Selected Reserve)
- H Chapter 1607 (Reserve Educational Assistance Program)
- X Other eligible veteran receiving benefits not listed

Address	City	State	Zip	Do you have a diagnosed disability? Yes
				(Providing this information is voluntary)
Phone:	Cell:	Date of birth		
		mm	dd	yy

Your Attendance Choice	Item #	Course number and title EX: ENGL& 101 Composition	Time	Class Days	Credits
	1851	EDUC 275 Boot Camp Green River/Kent Station	830am to 430pm	14 12-15 Aug 2019	3.0
	1852	EDUC 275 Boot Camp Olympic College Bremerton	830am to 430pm	21 26-29 Aug. 2019	3.0
	1853	EDUC 275 Boot Camp Spokane Community College	830am to 430pm	26-29 Aug.2019	3.0

This course requires the payment of a \$225 participation fee. Once you have returned all required forms, an email will be sent to the email address you provided above to complete the payment process.

The payment process is accomplished on-line using a personal or organizational debit or (purchase)credit card. If you wish to make other arrangements like a purchase order please indicate that here or email mlane@olympic.edu .

Social Security Number _____

Your social security number is confidential and, under federal law

called the Family Educational Rights & Privacy Act, the College will protect it from unauthorized use and/or disclosure. In compliance with state/federal requirements, disclosure may be authorized for the purposes of state and federal financial aid, Hope/Lifetime Learning tax credits, academic transcripts, or accountability research. A College ID number will be assigned for use in all future College transactions other than those listed above.

Educational Advisor signature does NOT meet prerequisite requirements. Use "permission to enroll" section above.

Faculty Advisor Signature _____ **Advisor ID** _____ **Quarterly PIN** _____ **Global PIN** _____

Official use only: Total Cr. _____ Tuition _____ Fees _____ Financial Aid _____ Amount Due _____ Initials _____

All information in response to these optional questions will be maintained in strict confidence: (SM2004)

What is your sexual orientation? _____(23) Straight/Heterosexual _____(72) Bisexual _____(99) Gay _____(21) Lesbian _____(28) Queer _____(01) Other _____(57) Prefer not to answer

What is your gender identity? _____(22) Feminine _____(77) Masculine _____(52) Androgynous _____(35) Gender neutral _____(27) Transgender _____(01) Other _____(57) Prefer not to answer

Bremerton Campus

Tel: 360.475.7200 Fax: 360.475.7202

Poulsbo Campus

Tel: 360.394.2725 Fax: 360.394.2732

Shelton Campus

Tel: 360.432.5400 Fax: 360.432.5412

New Student Information

Emergency contact: _____

Phone: _____

Student Gender: _____ Male _____ Female

(Answering questions 1, 2, or 3 is voluntary and will not affect consideration for admission.)

1. Are you of Spanish/Hispanic/Latino ethnicity?

Check one:

No

Yes, Mexican, Mexican American, Chicano 722

Yes, Cuban 709

Yes, Other Spanish 730, Hispanic 717, Latino 720

(Please specify) _____

2. Please check one or more options below to indicate what race you consider yourself to be. Check one:

872 African American

015 Alaska Native

597 American Indian

605 Chinese

608 Filipino

611 Japanese

612 Korean

653 Native Hawaiian

681 Other Pacific Islander

621 Other Asian

619 Vietnamese

800 White

Other Race (Please Specify) _____

Check here if you have been in Washington State foster care for at least one year since your 16th birthday. You may be eligible for additional financial aid.

(For office use: SM5003, F\$)

3. Are you a US citizen? Yes No

If not, what is your status? Check one:

IM Immigrant/Permanent Resident (holds green card)
_____ Alien No.

RF Parolee/Refugee _____ Alien No.

BI Business/Tourist Visitor*

FI International Student Visa (F or M Visa)

JI Exchange Visitor/Au Pair*

ZZ No documentation*

Other Visa, please specify _____
*zero credit only.

4. High school graduate? Yes No GED

Last High School in WA? Yes No

Name of High School _____

Last calendar year attended? _____

5. Highest level of education completed by your parent or parents:

Mother:

A. Less than high school B. High school

C. 2 yr college D. 4 yr college or more

E. Unknown F. Other

Father:

G. Less than high school H. High school

I. 2 yr college J. 4 yr college or more

K. Unknown L. Other

6. Last college attended other than OC?

Name: _____

Was the college a 2 year 4 year

Last college in WA Yes No

College graduate Yes No

7. How long do you plan to attend? Check one:

11 One quarter

12 Two quarters

13 One year

14 Up to two years

15 Long enough to complete a degree or certificate

16 Do not know

90 Other

8. What is your current work status? Check one.

11 Full-time homemaker

12 Full-time employment

13 Part-time off campus

14 Part-time on campus

15 Unemployed, but seeking employment

16 Unemployed, not seeking employment

90 Other

Office Use: Workforce Development

Code * _____ Initials _____
*never A or B intent or AAT program

9. What is your highest level of education? Check one:

(For office use only: never change an 83)

11 Less than high school graduate

12 GED

13 High school graduate

14 Some post high school, no degree/certificate

15 Certificate (less than 2 yrs)

16 Associate degree

17 Bachelor degree or above

90 Other

10. What is your family status? Check one:

11 I am a single parent with children/dependents

12 Couple with children/dependents

13 I do not have any children/dependents

90 Other

Student ID Number (SID)

INTERNAL USE ONLY

REQUEST FOR OFFICIAL TRANSCRIPT

- Please fax requests to 360.473.2830. We are unable accept email or telephone requests. Outstanding
- debts to Olympic College must be paid before transcript requests are processed.
- Student must show photo ID to pick up transcripts in person. If a person other than the student will pick up transcripts for the student, that person must be named on this form and must show photo ID.
- Your request will be processed in three to five business days. **Transcripts are never FAXED.**

Student name and current address:
 Note: Window envelopes are used. Please print clearly

Name: _____ Former names _____

Address: _____ Birthdate: _____

City _____ State _____ ZIP _____ Telephone: _____

Email address _____ Attendance dates: _____

Receiver information

Send to: _____ # of copies: _____

Additional Receiver, Send to: _____ # of copies: _____

Ordering information

_____ Total number of official transcripts requested

Send immediately

_____ # of additional transcript(s) sent to student

Do not mail—student will pick up

Name of person designated to pick up, if other than yourself: _____

Wait until:

_____ Grades are posted: Sum Fall Win Spring

_____ Degree is posted: Sum Fall Win Spring

_____ Hold for grade change

Course title _____ QTR _____

Incorrect grade? _____ (for tracking)

Student signature (required): _____ **Date:** _____

Cost: \$7.25 per copy. Payment options: **1.** SUBMIT FORM WITH PAYMENT TO CASHIER. **2.** To use a credit card, complete the information below. Olympic College accepts MASTERCARD or VISA only. **3.** To pay by phone, have Student ID and call the Cashier at 360-475-7181.

Check one: MasterCard VISA

Credit card #: _____ Security code: _____ Expiration date: _____



Request for Student's Taxpayer Identification Number

(Substitute Form W-9S)

Return completed signed form, in person or by mail, to:
Registration and Records
1600 Chester Avenue, Bremerton WA 98337

Do not submit this form to the IRS.
Complete the form in blue or black ink.

Part 1	Last Name	First Name	M.I.
	Street Address	City	State
	Taxpayer Identification Number (SSN or ITIN)	OC Student Identification Number	
			Zip Code

Part 2	<i>By my signature below, I certify that the number shown on this form is my correct SSN/taxpayer ID number.</i>	
	Signature	Date

~~~ OR ~~~

|               |                          |                                                                                                                                                                                                                                                                                                                                                    |
|---------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part 3</b> | <input type="checkbox"/> | I am a foreign national, nonresident alien, or International student and do not have a Social Security number or Individual taxpayer ID number. I do not plan to file an income tax return in the U.S.                                                                                                                                             |
|               | <input type="checkbox"/> | I am unable to, or choose not to provide my SSN/ITIN to Olympic College at this time. I understand that I may be subject to an IRS fine for failure to do so. I further understand that the IRS will not be able to use the Form 1098-T filed by Olympic College to confirm my eligibility for certain education tax benefits without my SSN/ITIN. |
|               | <b>Signature</b>         | <b>Date</b>                                                                                                                                                                                                                                                                                                                                        |

### Instructions

**Purpose:** Olympic College must get your correct identifying number to file the Form 1098-T, Tuition Statement, with the IRS and to furnish a statement to you. This will be your social Security number (SSN) or your individual taxpayer identification number (ITIN). Form 1098-T contains information about qualified tuition and related expenses to help determine whether you, or the person who can claim you as a dependent, may take either the tuition and fees deduction or claim an education credit to reduce federal income tax. For more information, see IRS Pub. 970, Tax Benefits for Higher Education. Under Federal law, you are required to provide the requested information.

**Part 1.**  
Enter your name and mailing address. The name should match that used by the Social Security Administration or Internal Revenue Service.  
Taxpayer identification number - Enter your SSN or ITIN. Please include your OC student ID number.

**Part 2.**  
Sign your name in the space provided to confirm the information provided. The registrar cannot change your records without your signature.

**Part 3.**  
Please fill out this part only if you choose not to or are unable to provide the SSN/ITIN. Check either the first or the second box and sign the statement. By law, Olympic College must ask you at least once a year for your taxpayer identification number in order to meet its obligation to file Form 1098-T.

*Deliver, or mail the completed form using the enclosed postage paid, self-addressed envelope to Registration and Records. Please do not email the form. Email is not a secure way to transmit personal information. Forms also cannot be accepted via fax.*

**Misuse of SSNs.** If Olympic College discloses or uses your SSN/ITIN in violation of Federal law, Olympic College may be subject to civil and criminal penalties.

**Privacy Act Notice:** Section 6109 of the Internal Revenue code requires you to give your correct SSN or ITIN to persons who must file information returns with the IRS to report certain information. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation and to cities and states to carry out their tax laws.