

Request for Priority Registration – Student Parent (AB 2881)

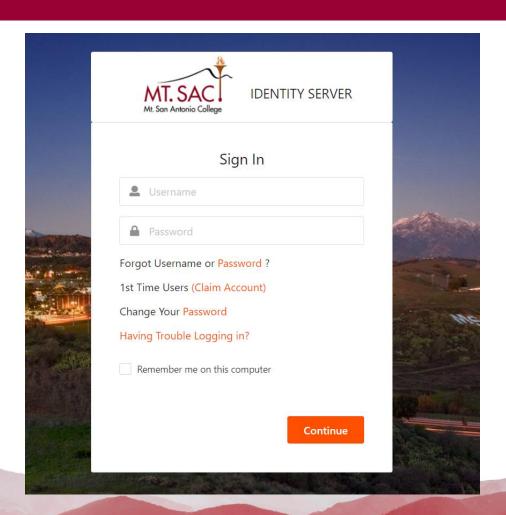
Requirements:

The student parent must have a child under 18 years of age and the child will receive more than half of their support from the student parent.

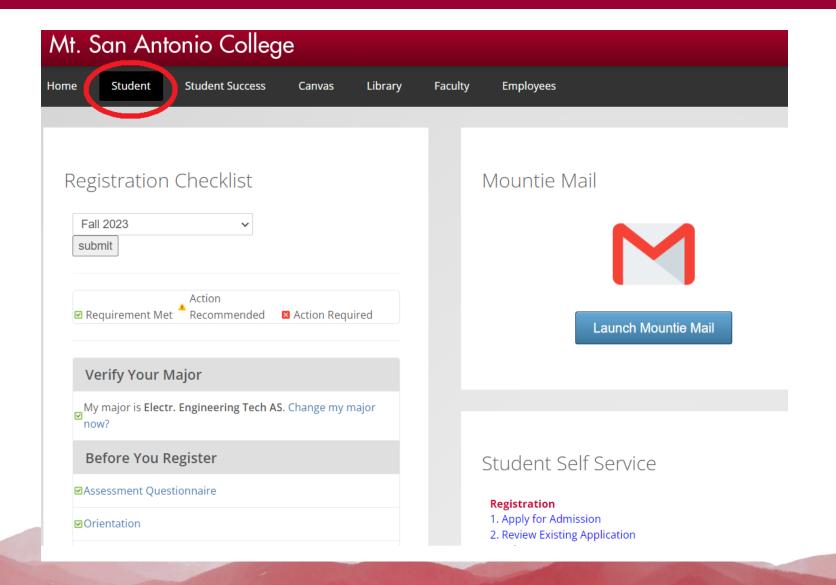
Documentation:

The document submitted must show age of child and relationship between parent-child. (i.e. Birth Certificate, health insurance documents)

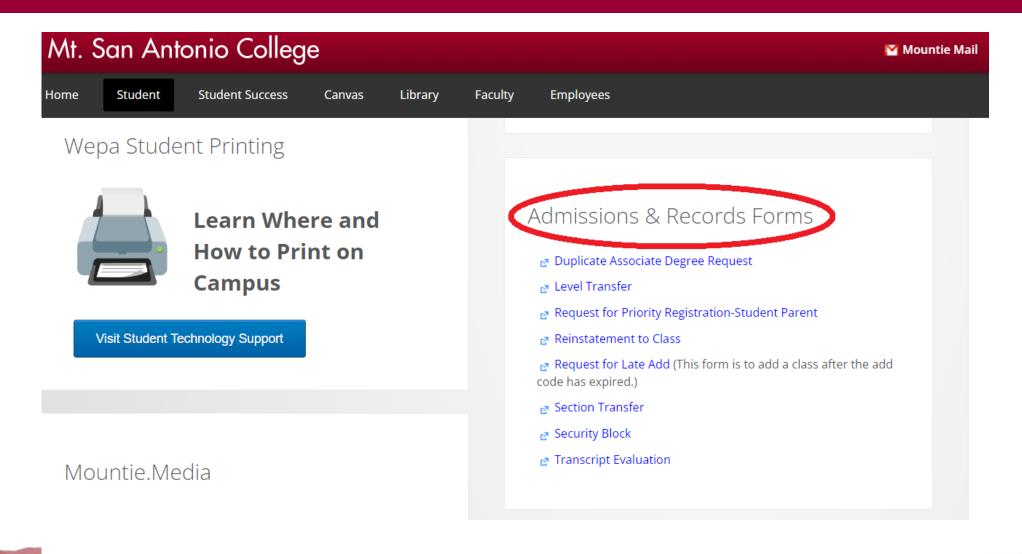
The "Request for Priority Registration - Student Parent" form is located in the student portal.



Select the "Student" tab.



Locate the "Admissions & Records Forms" tile.



Select the "Request for Priority Registration-Student Parent" form.

Admissions & Records Forms

- Duplicate Associate Degree Request
- Level Transfer
- Request for Priority Registration-Student Parent
- Reinstatement to Class
- Request for Late Add (This form is to add a class after the add code has expired.)
- Section Transfer
- Security Block
- Transcript Evaluation

Fill out all required information, attach document, and submit.

Student Instruction		Child's Date of Birth *
Student ID *	State *	Does Child Currently Live With You *
		Select ▼
Last Name *	Zip Code *	
		File Attachments * You need to attach one of the following documents for eligibility.
First Name *	Phone *	Child's Birth Certificate Court Order Child's Health Insurance
		Documentation of California State Services Appropriate School Records
Middle Name *	Child's Information Section	Note: Documents must show the age of the child and the relationship between parent- child. All attached documents need to be in PDF format.
	Please provide the Youngest Child's Information (Under 18 Years of Age)	Description for how as how as files
Date of Birth *	Child's Last Name *	Drag and drop files here or browse files
8		
Mt.SAC Email Address *	Obildle First Name *	Agreement
	Child's First Name *	I hereby swear that I am the student referenced in this submission and that all the information that I provided is true and correct. I also understand that misrepresenting or falsifying any information in this submission is a violation of the Student Code of Conduct
Address *	Child's Middle Name *	and if discovered, I may be reported to the Student Life Office for disciplinary action. * Checking the box below indicates your agreement to the above statement.
City *		Please check the box below to receive an emailed verification of your electronic submission.
		Send me a copy of my responses
		Submit

After submitting the form, the student will receive a confirmation email.



Thu 6/29/2023 2:10 I

Smartsheet Forms <forms@app.smartsheet.com>

Confirmation - Admissions and Records | Registration for Parent Student (AB288

f) If there are problems with how this message is displayed, click here to view it in a web browser.

Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some picture.

EXTERNAL SENDER - Exercise caution with requests, links, and attachments.



Thank you for submitting your entry. A copy is included below for your records.

Admissions and Records | Registration for Parent Student (AB2881)

Student ID

A999887654

Last Name

Lee

First Name

Bruce

Middle Name

Date of Birth 11/27/1940

Mt.SAC Email

Address

Address

Enter the Dragon Street

City

San Francisco

State

CA

Zip Code

94108

Phone

909.274.5570

Child's Last

Name

Lee

The paper version of the form is available at the Admissions & Records office.



Admissions & Records

Request for Priority Registration-Student Parent (AB 2881)

Complete and sign this form to request priority registration. In order to be considered for priority registration, the student parent must have a child under 18 years of age who will receive more than half of their support from the student parent.

Student Information:

Last Name		First Name	Middle Name
Mt. SAC Student ID Number		Birth Date	
Address	City	State	Zip Code
Mt. SAC Email Address		Phone Number	-
Signature		Date	

Information of Child (Youngest) Under 18 Years of Age:

Last Name	First Nam	e	Birth Date
Please attach a copy of one of the following: Birth certificate, court order, health insurance document, documentation of California state services, or appropriate school records. Document must show age of child and relationship between parent-child.			
Does the child currently live with you?	YES If YES, what	is the percentage of th	e time? (e.g. 80%)
	NO If NO, please	attach a financial supp	port document. (e.g. tax return)

Admissions and Records Office Use Only				
Approved	Denied	Notes:		
	Staff:		Date:	

RequestforPriorityRegistration-StudentParent(6-5-2023

Website

