HIGH SCHOOL PERSONAL INFORMATION / RESIDENCY FORM

PERSONAL INFORMATION: PLEASE PRINT

Last Name	First Name	Middle Initial Maiden Name					
Address							
	(Street) Date of Birth	(City)	Sex:	(State) Male	(Zip Code) Female		
	Cell Phone						
E-mail							
Name of High School		Anticipate	ed Graduation D	ate	/ /		
Please answer questions 1	, 2 AND 3 below:						
<u>-</u>	CT AS MANY AS APPLY American uiian or other Pacific Islander Other	Indian/Alaskan			merican		
2. Are you Hispanic/Lat	ino? □Yes □No						
3. Are you a veteran of t	the U.S. Armed Forces? Yes No)					
4. REQUIRED INFORI	MATION - Choose ONE only						
	izen? Yes No IF YES, GO TO BOX 5;	if no continue to	next question				
OR h) Are you a Permanent Resid	ent? Yes No IF YES, LIST ALIEN RE	GISTRATION NUM	∕IRER•	if no go t	o nevt question		
OR							
	or Permanent Resident, please state your \ Home Country _	=					
	·						
A. I have been a Massachus As proof of my intent to remain in These documents* are dated within school diploma). The institution re additional documentation it deems Valid Driver's license Valid Car registration Mass. High School Diploma Record of parents' residen	are a US citizen or permanent resetts resident for six (6) continuous months Massachusetts, I possess at least 2 of the following one (I) year of the start date of the academic serves the right to make any additional inquiries necessary. Please check-off those documents you Utility bills* Voter registration* Signed lease or rent receipt* Signed forces (or spouse or unemancipated visited in the second servers of the second sec	and intend to rering documents, which the mester for which regarding the application of the mester for the mest	main here. I seek to enroll (cant's status and to of your intent to r ent pay stub* leral tax returns* nome of record*	to the instituti except possible prequire subnemain in Mass	ly for my high mission of any		
	ts resident as defined in 5A. My home state	*	*				
cause for disciplinary action up to Student Signature:	rue and accurate. I understand that any misrep o dismissal, with no right of appeal or to a tuition t is Under 18 Years Old):	on refund.	Date _				
FOR (OFFICIAL USE ONLY — DO N	NOTWRITE	INTHIS	вох			
I have reviewed the above info on my review, I have determined IS eligible for the in-step IS NOT eligible for the	rmation in order to determine the individu ed that this individual: tate rate	al's eligibility to r	receive the in-st	ate tuition ra			
Authorized College Personnel	:		Date:				



REGISTRATION FORM FOR CREDIT COURSES

QCC ID#		ANNEXO IS SINCE							
Last Name			First Name	Phone					
Address				M-1-17 - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-					
(Street) Name of High School				(City)		(State) (Zip Code) Year of Graduation			
SEMEST	ER	WHAT	ARE YOUR ED	UCATION	AL.	GOALS	33		
☐ Fall ☐ QCC Ce☐ Spring ☐ Enhance☐ Summer I ☐ Take co☐ Summer II ☐ Comple☐ Intersession ☐ Transfe		☐ QCC Cer☐ Enhance☐ Take cou☐ Complet☐ Transfer	sociate Degree rtificate work skills, without receiving a degree urses to qualify for another QCC Program of Study ting course for interest, without receiving a degree courses to another institution, without receiving a degree						
		F	IRST CHOICE	SELECTIO	NS				
Course #	Sec.#	Course Ti	tle	Day & Tir	ne	Room	Instructor	Cr.	
							•		
						···· ·			
for the above Course _ Course nu	selection Imberand t	(s), please indi	to. If you have taken t icate below where the	e course was take	en. In	clude cop	y of transcript.	stitution	
PERSONAL	INFORM	1ATION:	Student's Signature				Date		
FAX TO: 508.854.7542			Advisor's Signature				Date		

Payments can be made by check payable to QCC or credit card (MasterCard, Visa, Discover) over the phone at **508.854.4560**. For returning students, payments can also be made online via *The Q* (our Student and Faculty Portal). Students are required to notify the Registrar if they do not plan to attend and want to drop their classes. **If classes are not formally dropped**,

IF APPLICABLE, FULL PAYMENT IS REQUIRED WITH THIS FORM.

students are responsible for payment.