



# Humboldt / High School concurrent registration form

Fall   
 Spring   
 Summer   
 Year \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ male  female  Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Local Phone # \_\_\_\_\_ Email Address \_\_\_\_\_ Current Grade Level \_\_\_\_\_  
 High School Attending \_\_\_\_\_ Current H/S gpa (attach transcript) \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_  
 Have you ever been enrolled in classes at Humboldt? yes  no  If yes, semester of last attendance \_\_\_\_\_  
 Are you a U.S. Citizen: yes  no  Have you lived in California for the last five years? yes  no   
 Planned Major \_\_\_\_\_ Would you like further information about Humboldt? yes  no

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

**Please list the classes you wish to register for and obtain required signatures.**

COURSE CRN #	SUBJECT	COURSE #	SECTION	COURSE TITLE	UNITS	HIGH SCHOOL PRINCIPAL SIGNATURE	COURSE INSTRUCTOR SIGNATURE	ACADEMIC DEPT. APPROVAL SIGNATURE

Your voluntary response is requested to comply with Federal and State legislation. Please enter a code from the list below in the box.

- 1 - American Indian; Tribe \_\_\_\_\_  
 2 - African-American  
 3 - Mexican-American, Mexican, Chicano  
 4 - Other Latino, Spanish origin  
 5 - Asian  
 S - Southeast Asian  
 F - Filipino  
 6 - Pacific Islander  
 7 - White  
 8 - Other: \_\_\_\_\_  
 9 - No Response  
 D - Decline to State