



Priority Registration Application for Student Parents/Student Caregivers

Part I - Student Information

Eligibility

- **Student parents:** if you have children who receive more than half of their support/care from you, including physically living in the same household. Eligibility is also open to students who are pregnant or have partners who are expecting, especially if the due date occurs before or during the next academic year.
- **Student caregivers:** if you have adult family members (ages 18 and older) who receive more than half of their support/care from you due to disabilities and/or medical needs.
- Approval is determined by responses to the questions included in the online application.
- Please note that students across the immigration status spectrum are eligible to apply.

Applicant Information

First Name: * Last Name: * Date of Birth: * Student ID: *

Address Line: *

Address Line:

City: * State: * Zip Code: *

Phone: * Alternative Phone: * Email: *

Part II - Student Caregiver Information

By selecting this box you are agreeing that you are the caregiver of an adult over the age of 18 that receives more than half of their support from you.

OR

Part III - Child Information

By selecting this box you are agreeing that you are the parent or caregiver of a child under the age of 18 and the child(ren) receive more than half of their support from you.

Please enter the number of children under your care:

Please enter the age(s) of the children under your care:

Part IV - Student Signature - Affidavit

As specified in California Education Code § 66025.81, I certify that I:

- am a student parent who has a child under 18 years of age, or
- am a student caregiver of an adult over the age of 18 who will receive more than half of their support from me.

Further, I certify under penalty of perjury that all of the information I have given on this form is true and complete to the best of my knowledge. I understand that falsification or withholding of information requested shall constitute grounds for dismissal.

Signature Date

****Please submit the completed form to admissions@solano.edu****

Admissions & Records Staff

Enter in Banner - SFARGRP - code 1080

Initials Date