

Academic Programs Intake Application

2020/2021 School Year



You must fill out this application completely and legibly in order to be considered for our program. If you have any questions please call (831) 444-3561 or (831) 444-3533.

PART A: PERSONAL INFORMATION

First Name:		Last Name:	
Street Address:			
City:		State:	
Home phone:		Cell Phone:	Email:
Emergency Contact:		Emergency Number:	
Date of Birth:		Age:	Sex: Male Female Other
How did you hear about our program? (check all that apply)			
<input type="checkbox"/> Flyer <input type="checkbox"/> Radio <input type="checkbox"/> Probation <input type="checkbox"/> Friend <input type="checkbox"/> RC student (Program: _____ Year enrolled: _____)			
<input type="checkbox"/> Banner/Flyer <input type="checkbox"/> Other: _____			
Choose the program you are interested in. Pick ONLY ONE.			
<input type="checkbox"/> Drummond Culinary Academy <input type="checkbox"/> Construction Academy <input type="checkbox"/> Careers in Agriculture: Ag Processing & Mechanics			
Ethnicity:			
<input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> African/American <input type="checkbox"/> Native American Other: _____			
Is English the main language spoken in your household?			
Yes No (Specify which one is): _____			
If no, how often does communicating in English cause problems for you at work or at school?			
Sometimes Seldom Never			
Marital Status:			
Never Married Married Divorced Separated Widowed			
Number in Family (including yourself): _____			
Do you live with a parent or guardian? Yes No			
Where Do You Live?			
House or Apartment (not public housing)		Public Housing	
Homeless Shelter		Group Home	
Halfway House		Work Release Program	
Homeless		Other: _____	
Do you have children? Yes No		Child's Name:	DOB:
If yes, how many?		_____	_____
Do you have childcare? Yes No		_____	_____
		_____	_____
		_____	_____
Do you have transportation? Bus Car Other		Will you need transportation? Yes No	
Do you have a Driver's License? Yes No		Class: _____ Exp. _____ / _____	
License #: _____			
Are you or your family: (Check all that apply)			
___ Currently receiving food stamps		Last date received: _____	
___ Currently receiving TANF or Cash Aid		Last date received: _____	
___ Currently receiving SSI (Supplemental Security Income)		Last date received: _____	
___ Currently have Medi-Cal or other health care services		Health Care Provider: _____	
___ Currently receiving SDI (State Disability)		Last date received: _____	
___ Currently receiving Child Support			
___ Other Benefits			

Must show family tax returns for current year (copy) if needed.		
PART B: EDUCATIONAL INFORMATION		
Are you currently attending school?	Yes	No
Are you a high school graduate?	Yes	No
Have you obtained your GED?	Yes	No
Do you have an IEP?	Yes	No
Year you last attended school:	Highest grade completed:	
Name and address of last school attended:		
Have you ever been in another training program? Yes No		
<i>If yes, please give name and location of program:</i> _____		
<i>Dates you attended:</i> _____ <i>Did you complete the program?</i> Yes No		
PART C: LEGAL BACKGROUND (answering yes will not necessarily disqualify you)		
Have you ever been arrested? Yes No		
Have you ever been convicted of a crime? Yes No		
If yes, state if it was a misdemeanor or a felony, describe and include dates and status of all cases:		
Are you on probation? Yes No		
<i>Name and phone number of Officer:</i> _____		
Are you on parole? Yes No		
<i>Name and phone number of Officer:</i> _____		
PART D: HEALTH INFORMATION		
Our vocational training programs may include carrying heavy objects and other physical demands. Are you able to carry heavy objects or do physical labor? Yes No		
Do you have any health, physical or medical problems? Yes <input type="checkbox"/> No		
<i>If yes, please describe:</i> _____		
Are you supposed to wear eyeglasses? Yes No		
Do you have asthma?	Yes	No
Diabetes?	Yes	No
Do you smoke?	Yes	No
Are you pregnant?	Yes	No
Are you currently in a program, or need counseling, for an addiction such as cigarettes, alcohol or drugs?		
Yes No		

In signing this application, I certify that all statements made in this application are true and correct. I agree and understand that any misinformation or omission of information can result in termination from my enrollment into the Rancho Cielo Program.

Signature **Date**

Please submit your application to: **Rancho Cielo Youth Campus**
Mailing Address: P.O. Box 6948, Salinas CA 93908
Physical Address: 710 Old Stage Rd, Salinas CA 93908
Phone: (831) 444-3561 or (831) 444-3533 • Fax: (831) 444-3550
Email: recruitment@ranchocieloyc.org