



## Solano College Puente Project Student Information Sheet

Name:	Solano Student ID #:
Address:	Phone Number:
City:	Zip Code:

Permanent Address *(Address of parent or someone who will always know where you are.)*

Name:	Street:
City:	Zip Code:
	Relationship:

Your E-Mail Address:			
High School Graduate?	Yes	No	
Name of High School:	Year Graduated:		
Other Colleges Attended:			
College Units Completed:			
Please describe your career goal:			
Major:			
Do you plan to transfer to a four-year university?	Yes	No	Don't know
Are you working while attending school?	Yes	No	
Please describe why you want to be in the Puente program:			

*Answering these questions is voluntary. The information will remain confidential and will be used to assist you in developing an educational plan to meet your academic goals.*

***Intent to Register***

I agree to make a full commitment to the Puente program. This commitment includes the following:

- Enroll in the two-course English writing class sequence (one year).
- Enroll in the paired counselor guidance class.
- Attend all class sessions regularly.
- Participate in mentoring activities.
- Participate in occasional evening and Saturday program activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN TO:**

Rebecca LaCount  
Counseling Department  
Solano Community College  
4000 Suisun Valley Road  
Fairfield, CA 94534  
Rebecca.lacount@solano.edu

**FOR OFFICE USE ONLY**

Attended Orientation:                      Date: \_\_\_\_\_  
Counselor Interview:                      Date: \_\_\_\_\_  
Form Received:                              Date: \_\_\_\_\_

By: \_\_\_\_\_

Notes:
