



Dear Applicant:

Thank you for your inquiry regarding possible enrollment in Coastline's **Career Options through Academic Support and Training (COAST) Program**. In addition to program literature, we have enclosed:

A COAST APPLICATION, SPECIAL PROGRAMS REGISTRATION, STUDENT CODE OF CONDUCT VIOLATIONS, RECORDS RELEASE, RELEASE STATEMENT FOR PARENT, EMERGENCY CONTACT, and a PHOTO IDENTIFICATION form. Please complete each form and provide a current photograph. You may return them to us in the postage-paid envelope provided.

**RECORDS RELEASE FORMS:** If you received services for your disability from the high school you attended, the Regional Center of Orange County, or the California Department of Rehabilitation, these agencies may be able to provide sufficient information to verify your disability. If you would like Coastline to obtain copies of your educational and evaluation records from one or more agencies, please complete a separate Records Release form for each agency from which you received services, indicating on separate forms the name and address of each agency. Sign the form(s) and return them in the enclosed envelope to Coastline's Office of Special Programs.

If you have not received services from any of these agencies, we will need verification of your disability from your medical doctor. Please complete a Records Release form with your doctor's information and return it in the enclosed envelope.

Upon receipt of the completed application and requested medical records, a staff member will contact you to set up an interview with you and your significant other. Following the interview, you will be given a testing appointment. And lastly, we will administer testing to assist us in assessing your specific needs.

Please be advised that submitting an application, attending an interview, and going through the pre-admission evaluation does not guarantee acceptance into the COAST Program. The Admissions Committee will make the final decision on your application based on all available information **and** on the appropriateness of the COAST Program to meet your needs.

We look forward to receiving your application. Please contact 714-241-6214 or email [specialprograms@coastline.edu](mailto:specialprograms@coastline.edu) if we can be of further assistance.

Sincerely,

COAST ADMISSIONS COMMITTEE



**C**areer  
**O**ptions through  
**A**cademic  
**S**upport and  
**T**raining

1515 Monrovia Ave. Newport Beach, CA 92663

(714) 241-6214

## SPECIAL PROGRAMS AND SERVICES FOR THE DISABLED

### APPLICATION

The following application is to be completed by the potential student unless physically unable (i.e., due to visual impairment). If completed by someone other than the applicant, who is completing the application?

Name \_\_\_\_\_ Relationship to Prospective student \_\_\_\_\_

Reason \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

What is your Race/Ethnicity? (Check one or more)

- |   |   |   |                                      |  |   |
|---|---|---|--------------------------------------|--|---|
| <input type="checkbox"/> Mexican, Mexican American, Chicano | <input type="checkbox"/> Asian Indian                   | <input type="checkbox"/> Laotian        | <input type="checkbox"/> Asian Other | <input type="checkbox"/> Hawaiian                  | <input type="checkbox"/> Hispanic Other |
| <input type="checkbox"/> Korean                             | <input type="checkbox"/> Central American               | <input type="checkbox"/> Chinese        | <input type="checkbox"/> Cambodia    | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Samoan         |
| <input type="checkbox"/> Guamanian                          | <input type="checkbox"/> Filipino                       | <input type="checkbox"/> South American | <input type="checkbox"/> Japanese    | <input type="checkbox"/> Vietnamese                | <input type="checkbox"/> White          |
| <input type="checkbox"/> Pacific Islander Other             | <input type="checkbox"/> American Indian/Alaskan Native |   |                                      |  |   |

Conservatorship?  YES  NO Name \_\_\_\_\_

*(If yes, please provide legal documentation)*

Power of Attorney (POA)?  YES  NO Name \_\_\_\_\_

*(If yes, please provide legal documentation)*

Are you presently a client of Regional Center of Orange County?  YES  NO

Case Worker \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Are you presently a client of another agency?  YES  NO

Agency Name \_\_\_\_\_ Phone \_\_\_\_\_

Agency Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

High School Attended \_\_\_\_\_  Diploma  Cert. of Completion  Other

Did you have any challenges in school? \_\_\_\_\_

Have you ever participated in:  a WorkAbility Program  a TPP Program  ROP  Other \_\_\_\_\_

If so, please provide information: \_\_\_\_\_

Participation in this program requires a desire to become employed. Are you interested in getting a job?  YES  NO

Are you willing to participate in an unpaid externship (on/off campus) to fulfill the requirements of the program?  YES  NO

Have you worked/volunteered before?  YES  NO      Are you working/volunteering now?  YES  NO

Work/Volunteer History:

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Business Name	City	Job Title/Duties	Wages
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Date Start – End	Reason for Leaving	Supervisor	Phone No.
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Business Name	City	Job Title/Duties	Wages
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Date Start – End	Reason for Leaving	Supervisor	Phone No.
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Did you have any challenges at work? \_\_\_\_\_

What do you hope to gain from this program? \_\_\_\_\_

What program(s) are you interested in? (Checkmark your top 3)

- Animal Care       Art       Creative Arts       Culinary Arts       Drama  
 Guest Services       Horticulture       Music       Porter

I understand that acceptance into the COAST program requires a commitment to attend and participate in my schedule of classes as outlined in my program?  YES  NO

I understand that if I'm applying to the Culinary Arts program, I must submit a negative TB test result during the application process.  YES  NO

I HEREBY DECLARE THE STATEMENTS AND ANSWERS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF PARENT OR GUARDIAN**  
(If applicant is under 18 years of age or legal ward)



THIS APPLICATION IS FOR THE: I AM A:  
 Fall  New Student  
 Spring  Returning Student  
 Summer

**SPECIAL PROGRAMS REGISTRATION**

CCCD STUDENT ID# \_\_\_\_\_

1. PLEASE PRINT NAME: \_\_\_\_\_  
 Last First MI

2. BIRTHDATE: \_\_\_\_\_ 3.  Male  Female  
 Month Day Year

OFFICE USE ONLY  
 RC \_\_\_\_\_

4. CURRENT ADDRESS OF RESIDENCE: \_\_\_\_\_  
 Street Address  
 \_\_\_\_\_  
 City State Zip

EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 Day Phone Evening Phone

5. MAILING ADDRESS: \_\_\_\_\_  
 If different from above

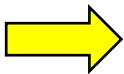
6. WHEN DID YOUR PRESENT STAY IN CA BEGIN? \_\_\_\_\_  
 Month Day Year

7. BIRTHPLACE: \_\_\_\_\_  
 City & State/Country

8. U.S. CITIZEN?  Yes  No \_\_\_\_\_  
 If no, type of Visa held Date Issued

9. PLEASE SELECT YOUR ETHNICITY:  African American  American Indian/Alaska Native  
 Asian/Pacific Islander  Caucasian  Hispanic  Other  Unknown

This application is considered a legal document and will become a permanent part of your record. Falsification of this document may be cause for dismissal and other legal action is deemed appropriate. I certify that all information is current and that I am in compliance with the registration instructions as set forth above.



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

CRN	Course No. & Name	Day	Time	Units



## STUDENT CODE OF CONDUCT

The Student Code of Conduct is designed to support and protect students to ensure their academic and personal success throughout their attendance at any of the Colleges in the District. The Code is intended to educate students about rights, responsibilities, and violations under the Student Code of Conduct and its consequences, and includes a defined process for the fair and impartial review and determination of alleged improper student behavior.

The District may impose discipline for the commission, or attempted commission, of the following types of violations, or for aiding or abetting, inciting, conspiring, assisting, hiring or encouraging another persona to engage in a violation of the Student Code of Conduct, or for any violation of state or Federal law. Being under the influence of drugs/alcohol/other intoxicants, disability, or psychological impairment does not excuse a violation of the District's Student Code of Conduct.

1. Academic Misconduct
2. Alcohol: Manufacture, distribution, dispensing, possession, use, consumption or sale of, or the attempted manufacture, distribution, dispensing, distribution, consumption or sale of alcohol that is unlawful or otherwise prohibited.
3. Assault/Battery
  - a. Inflicting bodily harm upon any member of the district community.
  - b. Taking any action for the purpose of inflicting bodily harm upon any member of the district community.
  - c. Taking any reckless, but not accidental action, from which body harm could result to any member of the district community.
  - d. Causing a member of the district community to believe that the offender may cause bodily harm to that person or any other member of his/her family, or any other member of the district community.
  - e. Inflicting or attempting to inflict bodily harm on oneself.
4. Continued Misconduct or Repeat Violation
5. Dating Violence
6. Destruction of Property
7. Discrimination
8. Dishonesty
9. Disorderly or Lewd Conduct
10. Disruption of Educational Process
11. Disruptive Behavior
12. Disturbing the Peace
13. Drugs: Unlawful or attempted manufacture, distribution, dispensing, possession, use, distribution or sale of, controlled substances, dangerous drugs, restricted dangerous drugs or narcotics
14. Endangering Welfare of Others
15. Failure to Appear
16. Failure to Comply or Identify

17. Failure to Obtain Permits
18. Failure to Repay Debts or Return District Property
19. False Report of Emergency
20. Forgery
21. Fraud
22. Gambling
23. Harassment
24. Hateful Behavior
25. Hazing
26. Inappropriate Usage of Social Media
27. Infliction of Mental Harm
28. Misrepresentation
29. Misuse of Identification
30. Possession of Stolen Property
31. Possession of Weapons
32. Public Intoxication
33. Sexual Harassment
34. Sexual Misconduct
35. Serious Injury or Death
36. Smoking
37. Stalking
38. Theft or Abuse of District's Computers or Electronic Resources
39. Theft or Conversion of Property
40. Trespass and Unauthorized Possession
41. Unauthorized Electronic/Digital Recording
42. Unauthorized Use of Course or Copyrighted Materials
43. Unauthorized Use of District Keys
44. Unauthorized Use of Property or Services
45. Unreasonable Demands
46. Unwelcome Conduct
47. Violation of Driving Regulations
48. Violation of Health & Safety Regulations
49. Violation of Law
50. Violation of Posted District Rules
51. Violation of Published Computer/Network usage Policy(s), Procedures, or Guidelines

The CCCD Student Code of Conduct and Disciplinary Procedures, including complete definitions of the above violations, is available at

[https://www.cccd.edu/boardoftrustees/BoardPolicies/Documents/Student\\_Services/AP\\_5500\\_Student\\_Code\\_of\\_Conduct.pdf](https://www.cccd.edu/boardoftrustees/BoardPolicies/Documents/Student_Services/AP_5500_Student_Code_of_Conduct.pdf)

Copies of the CCCD Student Code of Conduct and Disciplinary Procedures, including complete definitions of the above violations, are also available in the Coastline College Office of Student Services.

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Student Signature

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Date



# Special Programs and Services

## AUTHORIZATION TO RELEASE RECORDS

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

*I request and authorize:*

Name of Contact: \_\_\_\_\_ High School or RCOC: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

*to release my records to:*

**Coastline College**

**ID Program**

**1515 Monrovia Avenue, Newport Beach, CA 92663**

**Phone: 714-241-6214, Fax: 714-431-3602**

[specialprograms@coastline.edu](mailto:specialprograms@coastline.edu)

This request and authorization applies to information relating to any medical, psychological, social, vocational, and/or educational testing information you have, or may receive, pertaining to me.

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



# Special Programs and Services

## AUTHORIZATION TO CONSULT

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

*Please list any family members, relatives, friends or job coaches with whom we may communicate regarding the student listed above.*

**I hereby authorize Coastline College to consult with the following person(s):**

Name of Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





## STUDENT EMERGENCY FORM

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ (Apt #) \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**In case of emergency, please contact:**

Name \_\_\_\_\_

Address \_\_\_\_\_ (Apt #) \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**If the above party cannot be reached, please contact:**

Name \_\_\_\_\_

Address \_\_\_\_\_ (Apt #) \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Lost/Wandering/Missing Student:** the college staff is committed to making every reasonable effort to assure that students remain in class during class hours. If a student leaves class, however, the college cannot assume responsibility for off-campus searches. If a student leaves the grounds unexcused, the college staff will call and alert the contact party identified on this form. If we are unable to reach either party, do you want the college to contact the police department to assist in the search?

\_\_\_\_\_ **Yes**, notify the police

\_\_\_\_\_ **No**, do not notify the police

**Medical Emergency:** Paramedics will be called to respond to medical emergencies. NOTE: a copy of this form will be given to the paramedics should they request it.

**Current Medical Data**

Present Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Present medications and dosage \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have:

\_\_\_\_\_ Speech difficulties (if so, explain) \_\_\_\_\_

\_\_\_\_\_ Paralysis (if so, to what degree) \_\_\_\_\_

\_\_\_\_\_ Visual impairment (if so, to what degree) \_\_\_\_\_

\_\_\_\_\_ Hearing impairment (if so, to what degree) \_\_\_\_\_

\_\_\_\_\_ Memory problems (if so, to what degree) \_\_\_\_\_

\_\_\_\_\_ Allergies (if so, to what degree) \_\_\_\_\_

\_\_\_\_\_ Seizures (how often) \_\_\_\_\_

Other significant information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Date \_\_\_\_\_



## PHOTO IDENTIFICATION

STUDENT'S NAME \_\_\_\_\_

Place Photo Here

Please attach a current photo of yourself. This picture will be used for identification purposed only by the Special Programs staff. Your face in the picture should be no smaller than 1x1, and the photo should be no larger than a 5x7.