



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:
