



Student Parent Application for Priority Registration

By filling out this application you are requesting priority when registering for your classes at Taft College. Priority registration is a special benefit provided to eligible students who have a dependent child/children living with them at least 50% of the time who will receive more than half of their financial support from them. If this application is approved, you will be placed on a priority registration list for the remainder of this academic year (Fall, Spring, Summer). You will be required to re-apply each academic year for priority registration. If your dependent status changes, please notify the Counseling Department at (661) 763-7748 or counseling@taftcollege.edu.

Name: _____ Student ID#: _____
First Middle Last

Date of Birth: _____ Email address: _____ Phone #: _____

The following child/children are under 18, live with me at least 50% of the time, and receive more than half of their financial support from me.

Name: _____	Age: _____	Birth date: _____
Name: _____	Age: _____	Birth date: _____
Name: _____	Age: _____	Birth date: _____
Name: _____	Age: _____	Birth date: _____
Name: _____	Age: _____	Birth date: _____
Name: _____	Age: _____	Birth date: _____
Name: _____	Age: _____	Birth date: _____
Name: _____	Age: _____	Birth date: _____
Name: _____	Age: _____	Birth date: _____
Name: _____	Age: _____	Birth date: _____

I certify that I have _____ (number of children under 18 living with me at least 50% of the time and who will receive more than half of their financial support from me. I understand that priority registration is a privilege and hereby certify that all information contained in this application is correct as of the date written below.

Signature of Student

Date

For processing, email completed form to counseling@taftcollege.edu.