



# Request for Priority Registration – Student Parent (AB 2881)

## **Requirements:**

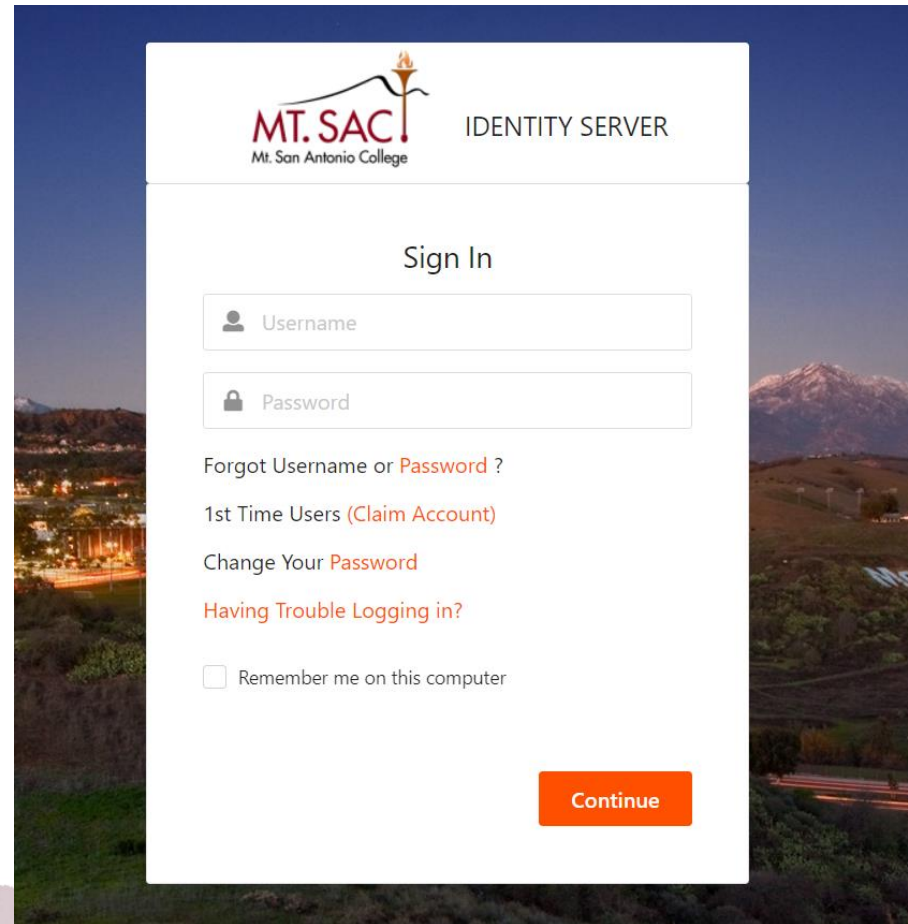
The student parent must have a child under 18 years of age and the child will receive more than half of their support from the student parent.

## **Documentation:**

The document submitted must show age of child and relationship between parent-child. (i.e. Birth Certificate, health insurance documents)



The “Request for Priority Registration - Student Parent” form is located in the student portal.



The screenshot shows the login interface for the MT. SAC Identity Server. At the top left is the MT. SAC logo with the text "Mt. San Antonio College". To its right is the text "IDENTITY SERVER". The main heading is "Sign In". Below this are two input fields: "Username" with a person icon and "Password" with a lock icon. Under the password field are several links: "Forgot Username or Password?", "1st Time Users (Claim Account)", "Change Your Password", and "Having Trouble Logging in?". At the bottom left is a checkbox labeled "Remember me on this computer". At the bottom right is an orange "Continue" button. The background of the page is a scenic view of a mountain range at dusk.

# Select the "Student" tab.

Mt. San Antonio College

Home **Student** Student Success Canvas Library Faculty Employees

### Registration Checklist

Fall 2023

Requirement Met ▲ Action Recommended ✖ Action Required

#### Verify Your Major


My major is Electr. Engineering Tech AS. [Change my major now?](#)

#### Before You Register

[Assessment Questionnaire](#)

[Orientation](#)

### Mountie Mail



### Student Self Service

**Registration**

- [1. Apply for Admission](#)
- [2. Review Existing Application](#)

# Locate the “Admissions & Records Forms” tile.

Mt. San Antonio College

 Mountie Mail

Home

Student

Student Success

Canvas

Library

Faculty

Employees

Wepa Student Printing



**Learn Where and  
How to Print on  
Campus**

Visit Student Technology Support

Mountie.Media

**Admissions & Records Forms**

[Duplicate Associate Degree Request](#)

[Level Transfer](#)

[Request for Priority Registration-Student Parent](#)

[Reinstatement to Class](#)

[Request for Late Add \(This form is to add a class after the add code has expired.\)](#)

[Section Transfer](#)

[Security Block](#)

[Transcript Evaluation](#)

Select the “Request for Priority Registration-Student Parent” form.

## Admissions & Records Forms

- [Duplicate Associate Degree Request](#)
- [Level Transfer](#)
- [Request for Priority Registration-Student Parent](#)
- [Reinstatement to Class](#)
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- [Section Transfer](#)
- [Security Block](#)
- [Transcript Evaluation](#)

# Fill out all required information, attach document, and submit.

## Student Instruction

Student ID \*

Last Name \*

First Name \*

Middle Name \*

Date of Birth \*

Mt.SAC Email Address \*

Address \*

City \*

State \*

Zip Code \*

Phone \*

## Child's Information Section

*Please provide the Youngest Child's Information (Under 18 Years of Age)*

Child's Last Name \*

Child's First Name \*

Child's Middle Name \*

Child's Date of Birth \*

Does Child Currently Live With You \*

File Attachments \*

You need to attach one of the following documents for eligibility.

- Child's Birth Certificate
- Court Order
- Child's Health Insurance
- Documentation of California State Services
- Appropriate School Records

**Note:** Documents must show the age of the child and the relationship between parent-child.

**All attached documents need to be in PDF format.**

Drag and drop files here or [browse files](#)

## Agreement

I hereby swear that I am the student referenced in this submission and that all the information that I provided is true and correct. I also understand that misrepresenting or falsifying any information in this submission is a violation of the Student Code of Conduct and if discovered, I may be reported to the Student Life Office for disciplinary action. \*

Checking the box below indicates your agreement to the above statement.

Please check the box below to receive an emailed verification of your electronic submission.

Send me a copy of my responses

Submit

After submitting the form, the student will receive a confirmation email.



Thu 6/29/2023 2:10 PM

Smartsheet Forms <forms@app.smartsheet.com>

Confirmation - Admissions and Records | Registration for Parent Student (AB288

To

If there are problems with how this message is displayed, click here to view it in a web browser.  
Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures.

**EXTERNAL SENDER** - Exercise caution with requests, links, and attachments.

Thank you for submitting your entry. A copy is included below for your records.

### Admissions and Records | Registration for Parent Student (AB2881)

<b>Student ID</b>	A999887654
<b>Last Name</b>	Lee
<b>First Name</b>	Bruce
<b>Middle Name</b>	J
<b>Date of Birth</b>	11/27/1940
<b>Mt.SAC Email Address</b>	
<b>Address</b>	Enter the Dragon Street
<b>City</b>	San Francisco
<b>State</b>	CA
<b>Zip Code</b>	94108
<b>Phone</b>	909.274.5570
<b>Child's Last Name</b>	Lee



# The paper version of the form is available at the Admissions & Records office.



Admissions & Records

## Request for Priority Registration- Student Parent (AB 2881)

Complete and sign this form to request priority registration. In order to be considered for priority registration, the student parent must have a child under 18 years of age who will receive more than half of their support from the student parent.

### Student Information:

Last Name	First Name	Middle Name	
Mt. SAC Student ID Number		Birth Date	
Address	City	State	Zip Code
Mt. SAC Email Address		Phone Number	
Signature		Date	

### Information of Child (Youngest) Under 18 Years of Age:

Last Name	First Name	Birth Date
<i>Please attach a copy of one of the following: Birth certificate, court order, health insurance document, documentation of California state services, or appropriate school records. Document must show age of child and relationship between parent-child.</i>		
Does the child currently live with you? <input type="checkbox"/> YES If YES, what is the percentage of the time? _____ (e.g. 80%)		
<input type="checkbox"/> NO If NO, please attach a financial support document. (e.g. tax return)		

Admissions and Records Office Use Only		
____ Approved	____ Denied	Notes: _____
Staff: _____	Date: _____	

Request/Priority/Registration-Student/Parent(S)-P-2023

# Questions?

