



Accessibility Center for Education

INTAKE FORM

Name (Last, First): _____

W Number # (Chabot College Student ID number): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth ____/____/____ Gender / preferred pronouns: _____

Student's Phone: Home _____ Mobile _____

Student's Email: _____

Emergency Contact Name and Relationship: _____

Emergency Contact Phone: _____

What is your major or educational objectives at Chabot College?

Disability or Limitation: _____

Are you a client of:

Counselor's name: _____

☐ State Department of Rehabilitation

☐ Regional Center of the East Bay

Have you applied for financial aid through FAFSA or the California College Promise Grant fee waiver (formerly the BOG fee waiver)? ☐ Yes ☐ No

Are you a part of other special programs at Chabot? ☐ Yes ☐ No

If yes, please include name of program: _____
(Aspire, CalWORKS, CARE, EOPS, Excel, Guardian Scholars, MESA/Trio STEM, PACE, Puente, Umoja, RISE, or Veterans)

Have you attended any other college besides Chabot college? ☐ Yes ☐ No

If yes, have you received assistance from Disabled Student Services?

College: _____ Qtr/Sem & year: _____

Accommodations/ services? _____

Please check which semester and year you will begin or resume classes.

☐ Summer ☐ Fall ☐ Spring 20 ____

Signature _____ Today's Date: ____/____/____

Please remember to update this form once per year. Thank you!

Chabot College

25555 Hesperian Blvd. | Bldg. 2400 | Hayward, CA 94545 | 510.723.6725 | FAX: 510.723.7200



Accessibility Center for Education NVRA Voter Preference Form

If you are not registered to vote where you live now, would you like to apply to register to vote here today? (Check one of the boxes below)

- ☐ Already registered. I am registered to vote at my current residence address.
- ☐ Yes. I would like to register to vote. **Use this link to register:** [CA Secretary of State's web site \(https://registertovote.ca.gov/?t=vra&id=13\)](https://registertovote.ca.gov/?t=vra&id=13). Either click "Register to Vote Now" to fill out the form in English, or choose a different language from the links provided.
- ☐ No. I do not want to register to vote.

NOTE: IF YOU DO NOT CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

Applicant Name: _____

Today's Date: ____/____/____

Address _____

City _____ **State** _____ **Zip** _____

Important Notices

1. Applying to register or declining to register to vote will **not** affect the amount of assistance that you will be provided by this agency.
2. If you would like help in filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private.
3. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party preference or other political preference, you may file a complaint with the Secretary of State by calling toll-free (800)345-VOTE (8683) or you may write to: Secretary of State, 1500 – 11th Street, Sacramento, CA 95814. For more information on elections and voting, please visit the Secretary of State's website at www.sos.ca.gov

Voter Registration Deadlines for Upcoming Elections

Election Date (Presidential Primary Election)	March 5, 2024
Your registration must be postmarked or submitted electronically no later than	February 20, 2024

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Accessibility Center for Education

Use of Chabot ACE Computers Agreement

I agree to follow the rules as stated in the Policy and Procedures of this use agreement, and understand that there are consequences for disregarding these rules, which will be followed as laid out below. Any deviation from the policy as outlined will require express consent from the ACE coordinator as well as having that consent communicated to the ACE staff directly and specifically. My signature states that I have read and understood this agreement.

Student Signature _____ **Date** ____/____/____

Staff witness Signature _____ **Date** ____/____/____

The following are the consequences that I have read and understand may happen for not abiding by the ACE computing rules, and/or Policy and Procedures:

First Offense:

A verbal warning as well as having to read and sign this use agreement, outlining the rules and regulations for using the computers at the Chabot College ACE.

Initial: _____

Second Offense:

Loss of computing privileges for the rest of the day, as well as for the next day if less than 4 hours remain of the center being open.

Initial: _____

Third Offense:

Loss of computing privileges for the week. Computing privileges will be regained at the start of the eighth day following the day the suspension started.

Initial: _____

Fourth Offense:

If I violate the use agreement four times, I understand that in addition to losing computing privileges, I will be written up (Violation of Standards of Student Conduct, Form A, from Board Policy 5512), and that form will be sent to either the Dean of Student Services or the Vice President, and may result in academic consequences, such as a hold on my record.

Initial: _____

1. I have read and understand the rules for using the facilities and equipment offered to me through the Chabot ACE and agree to abide by them in whole and in part.

Initial: _____

2. I understand that if I do not, I may lose computing privileges in the ACE for a set period of time as outlined above, and may potentially have further steps taken according to my response to a warning and initial restriction period.

Initial: _____

3. I recognize that these are shared computers are for all students, not personal property, and will treat them and my fellow students with respect. This includes not downloading or installing software, changing computer configurations, viewing objectionable content, eating or drinking at the computer, having extended phone calls at the computer station, or in any other way disrespecting my peers and/or the ACE staff.

Initial: _____