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**STUDENT INFORMATION FORM**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date: \_\_\_\_\_\_\_\_\_\_ SSN:**

**Date of Birth (**MM/DD/YYYY**): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: Male Female**

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Street City State Zip

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

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

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ETHNICITY: HJAHC IS REQUIRED BY LAW TO REQUEST THIS INFORMATION BUT YOU ARE NOT REQUIRED TO PROVIDE IT. RESPONSES ARE CONFIDENTIAL.**

1. **Are you Hispanic or Latino?** Yes  No
2. **In addition, select one or more of the following racial categories to describe yourself:**

White Asian Native Hawaiian or Other Pacific Islander

Black or African American Indian or

American Alaska Native

**EMERGENCY CONTACT INFORMATION – PRIMARY AND ALTERNATE**

|  |  |  |  |
| --- | --- | --- | --- |
| **PRIMARY CONTACT NAME** | **RELATIONSHIP** | **HOME PHONE** | **CELL PHONE** |
|  |  |
| **EMAIL ADDRESS:** | | | |
|  | | | |
| ALTERNATE CONTACT NAME | RELATIONSHIP | HOME PHONE | CELL PHONE |
|  |  |
| EMAIL ADDRESS: | | | |

Updated 12/2017

Approved: TW

**STUDENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First Last**