

# STUDENT DATA FORM

4169 PRUDEN BOULEVARD, SUFFOLK, VA | 757.923.5254 | CCAP.SPSK12.NET



**YOU MUST BE 18 YEARS OF AGE OR OLDER** to enroll in continuing education classes. This form must be completed by all students.

I certify that I am at least 18 years of age and not enrolled in public school.

**Instructions:** Type or print in ink all responses to questions. Use your legal name and return completed form to The College and Career Academy at Pruden.

**NOTE: SHADED BLOCK IS FOR OFFICE USE ONLY.**

Course ID \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle/Maiden

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_ State of Residence \_\_\_\_\_

Country \_\_\_\_\_ U.S. Citizen  Yes  No Email \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Social Security Number (Last 4 digits) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender  Male  Female

**Ethnicity** \_\_\_\_\_ **Race** \_\_\_\_\_

- Hispanic/Latino  Asian  Black or African American  White  
 Not Hispanic/Latino  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander

**How did you hear about this course? Please check only one.**

- Advertisement  Personal Initiative  Recruitment Activities  Referral \_\_\_\_\_  Other

**Check one of the following as it relates to your educational attainment:**

- High School Diploma  GED Certificate  College Degree  Not Applicable

**Name of high school attended:** \_\_\_\_\_

**Highest educational level completed:** \_\_\_\_\_

**Program Type:**

- EMT  Cosmetology  HVAC  
 Nurse Aide  Welding  Other \_\_\_\_\_

**Employment Status - please check one:**

- Retired  Employed 1-10 hours per week  Employed 40 or more hours per week  
 Unemployed - Not Seeking Employment  Employed 11-20 hours per week \_\_\_\_\_ Employer \_\_\_\_  
 Unemployed - Seeking Employment  Employed 21-39 hours per week Address \_\_\_\_\_

Is your tuition being paid by an agency/organization? If yes, please specify \_\_\_\_\_  
(copy of payment authorization must be attached.)

Are you taking this course for certification?  Yes  No

**BY MY SIGNATURE, I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.** \_\_\_\_\_

Signature

Date