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**Student Data Sheet Intake Date:**

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| **Full Name** | | |  | | | | | | |  | | | | | |  | | |  | |
| *Last First M.I. X-Number* | | | | | | | | | | | | | | | | | | | | |
| **Address** | | |  | | | | | | | | | | | | |  | | | | |
| *Street Address Apartment/Unit #* | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | |  | | | |  | | | | |
| *City State ZIP Code* | | | | | | | | | | | | | | | | | | | | |
| **Primary Phone** | | |  | | | | | | | **Date of Birth** | | | | |  | | | | | |
| **Alternative Phone** | | |  | | | | | | | **Social Security Number** | | | | |  | | | | | |
| **Preferred**  **E-mail** | | |  | | | | | | | | | | | | | | | | | |
| **Program of Study** | | |  | | | | | | | **Prerequisites** | | | | |  | | | | | |
| **TABE-R** | |  | | | **TABE-M** | | | | |  | | | | **Date** | | | | | |  |
| **TABE-R** | |  | | | **TABE-M** | | | | |  | | | | **Date** | | | | | |  |
| **TABE-R** | |  | | | **TABE-M** | | | | |  | | | | **Date** | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | |
| **Voluntary Information** | | | | | | | | | | | | | | | | | | | | |
| *This information is voluntary and will not be used when considering your enrollment.* | | | | | | | | | | | | | | | | | | | | |
| **Ethnicity** | | | | | | | | | **Race** (please select all that apply) | | | | | | | | | | | |
|  | Hispanic/Latino | | | | | | | |  | | | American Indian/Alaskan Native | | | | | | | | |
|  | Not Hispanic/Latino | | | | | | | |  | | | Asian | | | | | | | | |
|  | | | | | | | | |  | | | Black/African American | | | | | | | | |
|  | | | Native Hawaiian/Other Pacific Islander | | | | | | | | |
|  | | | White/Caucasian | | | | | | | | |
|  | | | Hispanic/Latino | | | | | | | | |
|  | | | Other | | | | | | | | |
| **Gender** | | | | | | | | | **Highest Level of Education Completed** | | | | | | | | | | | |
|  | Female | | | | | | | |  | | | Less than High School | | | | | | | | |
|  | Male | | | | | | | |  | | | High School Diploma or GED | | | | | | | | |
|  | | | | | | | | |  | | | Some College Courses | | | | | | | | |
|  | | | Completed career training program or certificate | | | | | | | | |
|  | | | Completed an AAS degree | | | | | | | | |
|  | | | Completed a different degree | | | | | | | | |
|  | | | | | | | | | **Completion Date** | | | | | | | | |  | | |
|  | | | | | | | | | **School/Program** | | | | | | | | |  | | |
| **Which category best describes you?** | | | | | | | | | | | | | | | | | | | | |
|  | Employed Full-Time | | | | | | | | | | | | | | | | | | | |
|  | Employed Part-Time | | | | | | | | | | | | | | | | | | | |
|  | TAA Worker | | | | | | | | | | | | | | | | | | | |
|  | Currently Not Employed | | | | | | | | | | | | | | | | | | | |
| **Current or most recent employment** | | | | | | |  | | | | | | | | | | | | | |
| **What is/ were your hourly, weekly, or monthly earning for your most recent job?**  (Fill in only one blank.) | | | | | | | | | | | | | | | | | | | | |
|  | Per hour, my hourly wage/earnings is/was $ | | | | | | | | | | | | | | | | | | | |
| **OR** | Per week, my weekly wage/earnings is/was $ | | | | | | | | | | | | | | | | | | | |
| **OR** | Per month, my monthly wage/earnings is/was $ | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Military Status** | | | | | | | | | | | | | | | **Discharge for Veterns** | | | | | |
|  | Active Duty Military | | | | | | | | | | | | | |  | | Service Connected Disability | | | |
|  | Member of Reserves who Served on Active Duty | | | | | | | | | | | | | |  | | Dishonorable | | | |
|  | Veteran | | | | | | | | | | | | | |  | | All Other | | | |
|  | Not a Veteran | | |  | | Spouse of Military Member | | | | | | | | |  | | | | | |
| **Dates of Military Service** | | | | Start | |  | | | | | | | End | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Currently Pregnant and/or Parenting** | | | | | | | |  | | | | | | | | | | | | |
| **What is your childcare plan?** | | | | | | | |  | | | | | | | | | | | | |
| **Transportation Plan** | | | | | | | |  | | | | | | | | | | | | |
| **If Health Care Bridge, informed of Criminal Background Check** (Yes/No) | | | | | | | |  | | | | | | | | | | | | |
| **Is this an issue or concern for the student?** (Yes/No) | | | | | | | |  | | | | | | | | | | | | |
| **Goals/Objectives** | | | | | | | | | | | | | | | | | | | | |
| **Short-term** | | | | | | | | | | |  | | | | | | | | | |
| **Long-term** | | | | | | | | | | |  | | | | | | | | | |
| **Why are you interested in this program?** | | | | | | | | | | |  | | | | | | | | | |
| **What do you hope to get out of this program?** | | | | | | | | | | |  | | | | | | | | | |

The program was made possible by a $2,867,712 federal Trade Adjustment Assistance Community College and Career Training grant. Approximately 61% of funds were from federal sources. WCC does not discriminate based on any characteristic protected by law in its programs and activities.

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| **Date:** | **Notes:** | **By:** |
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