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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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