LAST NAME _____ FIRST NAME _____ MIDDLE/MAIDEN NAME _____

1. **Mailing Address** _____

2. **Address Line 2** _____

   City _____**State** _____ (postal abbreviation)

   Zip Code _____ **County** _____

3. **Home Telephone** _____

   Cell Telephone _____

   Email _____

4. **Birth Date** _____ **SSN** _____

5. **Gender** _____

6. **Ethnicity** _____

   Race _____

7. **Last Secondary/Elememtary School Attended**

   _____

   School Location _____

   Last Date Attended _____ (Month/Year)

   Country of Last School Attended _____

8. **Educational Level** _____

9. **Employment Status** _____

10. **Complete DMV Information if you are an NC Resident Under Age 18 (Community College Attendee Only)**

   Driver's License Number_____

   Issue Date _____ **State** _____

By typing my signature here, I attest that the information provided is true and complete to the best of my knowledge.

11. Special Programs (to select multiple options, CTRL + Select)

12. Student Data (to select multiple options, CTRL + Select)

13. Disabilities (to select multiple options, CTRL + Select)

Signature _____ **Date** _____

OFFICE USE ONLY SECTION

Student ID_____ Program Year _____ POP _____ Intake Date _____ Class Assignment _____