

# STUDENT DATA FORM

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

Lifelong Learning at



THE COLLEGE AND  
CAREER ACADEMY  
AT PRUDEN

**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