

STUDENT DATA FORM

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

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