



## High School Students

<p>1. _____ Last Name (Legal)                      First                      M.I.</p> <p>2. _____ Former or Maiden Name</p> <p>3. _____ - _____ - _____ Social Security Number</p> <p>4. _____ Mailing Address: Number and Street</p> <p>_____</p> <p>City                      State                      Zip Code</p> <p>5. (_____) _____ Home Phone Number</p> <p>6. (_____) _____ Work OR Cell Phone Number (<b>PLEASE CIRCLE</b>)</p> <p>7. _____ E-mail Address</p> <p>8. Gender: <input type="checkbox"/> Male                      <input type="checkbox"/> Female</p> <p>9. Date of Birth: _____ / _____ / _____ Month / Day / Year</p> <p>10. Are you Hispanic, or Latino, or of Spanish origin? <input type="checkbox"/> <b>YES</b>-Hispanic or Latino    <input type="checkbox"/> <b>NO</b>-Not Hispanic or Latino</p> <p>11. Are you from one or more of the following racial groups? (Choose all that apply)</p> <p><input type="checkbox"/> American Indian or Alaska Native    <input type="checkbox"/> Asian  <input type="checkbox"/> Black or African American              <input type="checkbox"/> White  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> Choose not to respond</p> <p>12. Identify you <b>PRIMARY</b> racial/ethnic group (Select <b>ONE</b>)</p> <p><input type="checkbox"/> American Indian or Alaska Native    <input type="checkbox"/> Asian  <input type="checkbox"/> Black or African American              <input type="checkbox"/> White  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> Choose not to respond</p>	<p>13. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you in the United States on a VISA -Nonresident Alien?  <input type="checkbox"/> <b>Yes</b>—In the United States on a VISA  Provide Home Country of Origin _____  <input type="checkbox"/> <b>No</b>—Not in the United States on a VISA</p> <p>14. Enrolling in Term Beginning: Year _____  <input type="checkbox"/> Fall                      <input type="checkbox"/> Spring                      <input type="checkbox"/> Summer</p> <p>15. Enrollment Plan (Check One):  <input type="checkbox"/> Full-time - 12 or more credits (1)  <input type="checkbox"/> Part-time - Less than 12 credits (2)</p> <p>16. Enrollment Status:  <input type="checkbox"/> First time Sauk student (1)  <input type="checkbox"/> Transfer student (3)  <input type="checkbox"/> Returning Sauk student (7)</p> <p>17. Intended Program of Study _____ (104) _____</p> <p>18. High School Education:  <input type="checkbox"/> Attending now and expect to graduate  Year: _____  High School Name: _____  City: _____ State: _____</p> <p>19. Person to be notified in case of emergency (ICE):  _____  Last Name                      First  (_____) _____  Phone Number</p>
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I hereby certify that the information provided by me on this form is accurate and complete. I also understand that if it is found to be otherwise, it is sufficient grounds for dismissal from the College.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_