

HCP PARTICIPANT ENROLLMENT FORM

Your 8 digit Participant Identification number is made up of: 2 digits of your birth month (01-12), 2 digits of your birth day (01-31), and the last four digits of your Social Security Number. This identifier protects your personal information in our database and allows us to provide you credit for this course.

Example: The Participant ID for someone born 11/21/1989 with the SSN 123-45-6666 would be: 11/21/6666

Participant ID ____ / ____ / ____

Name: _____

Date: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

County: _____ Neighborhood Type (circle one) Rural Suburban Urban

Home Phone: _____

Cell Phone: _____

Email: _____

Date of Birth: ____ / ____ / ____

Race (check one)

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Asian (Chinese, Filipino, Japanese, Korean, Asian Indian, Thai) | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian (Other) | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> More than One Race |

Gender: (circle one) Male Female **Free or Reduced Price Lunch?** (circle one) Yes No

English As A Second Language? (circle one) Yes No

Parent/Guardian's Name: _____

School Name: _____

Mailing Address: _____

City: _____

State: _____ **Zip:** _____

Anticipated High School Graduation Date: _____

Career Interest: _____

Counselor's Name: _____

Math Teacher's Name: _____

Science Teacher's Name: _____