

HCA PARTICIPANT ENROLLMENT FORM

Health Careers Program

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 ____ / ____ / ____

First Name: _____

Middle Name: _____

Last Name: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

County: _____

This is my permanent address?

Home Phone: _____

Emergency Contact Name _____

Emergency Address _____

Emergency Phone _____

Student Cell Phone: _____

Parent Cell Phone: _____

Student Email: _____

Parent Email: _____

Is it OK if AHEC contacts you at the above addresses or phone numbers?

Date of Birth: ____/____/____

SSN (required): ____ - ____ - ____

Insurance Company: _____

Your Primary Language?

- English
- Spanish
- Other _____

Ethnicity?

- Hispanic/Latino
- Other

Race (check as many as apply)

- American Indian or Alaskan Native
- Asian (Chinese, Filipino, Japanese, Korean, Asian Indian, Thai)
- Asian (Other)
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Gender:

- Male
- Female

Neighborhood Type:

- Rural
- Suburban
- Urban

Parent/Guardian's Name: _____

Anticipated High School Grad Date: ____/____/____

Grade Level:

- Freshman
- Sophomore
- Junior
- Senior

High School: _____

High School Mailing Address: _____

City: _____

State: _____

Zip: _____

Do you receive a free or reduced lunch? Yes No

Guidance Counselor's Name: _____

Career Interest: _____

Office Use Only:

Coordinator: Whitney Rojas

Due: June 12, 2019

Enrollment Period: FY 2019-2020

HCA Start Date: 08/13/2019

Withdraw Date: ____/____/____

Withdraw Reason: _____