

## Student Information Form

*This form is to be completed in addition to the Enrollment Agreement.*

### Enrollment Information

Name \_\_\_\_\_ Location \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Start Date \_\_\_\_\_ Today's Date \_\_\_\_\_

We are required by the state to report the following information in our annual reports:

- Male       Female       Age \_\_\_\_\_
- White       Black       Hispanic       Asian/Pacific       American Indian
- Florida Resident       Other state \_\_\_\_\_       International student
- Age group:       16-17       18-25       26-44       Over 44
- Highest level of education:  High school diploma       GED       Some college  
 A.S. or A.A.       B.A. or B.S.       Other

### Graduation Information *(To be completed by staff).*

- Did not start
- Graduation date \_\_\_\_\_
- Withdrew before completion on \_\_\_\_\_
- Dismissed on \_\_\_\_\_

### Employment information *(To be completed by staff).*

- Employed in field as a \_\_\_\_\_  
Place of employment \_\_\_\_\_
- Still enrolled
- Continuing education
- Went to military
- Job other than dental assisting
- Unemployed or whereabouts unknown
- Declined placement