

FLASHPOINT CHICAGO

A CAMPUS OF COLUMBIA COLLEGE HOLLYWOOD

NEW STUDENT DISCLOSURES

STUDENT CONTACT INFORMATION

PLEASE PRINT:

NAME: _____
(Last) (First) (Middle)

ENROLLING (*circle one:*) FULL-TIME / PART-TIME GENDER: _____

PREVIOUS EDUCATION: (*circle one:*) HIGH SCHOOL / COLLEGE HS GRAD YEAR: _____

SOCIAL SECURITY NUMBER: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

LOCAL/CURRENT ADDRESS:

PERMANENT (HOMETOWN) ADDRESS (*if different from local/current address*):

ETHNICITY:

Please voluntarily self-identify your race/ethnicity. This information will be kept confidential and will only be summarized and reported to the federal government when required by law.

Are you Hispanic or Latino? (*circle one:*) YES / NO

Check one that best describes you:

- | | |
|---|---|
| <input type="checkbox"/> ASIAN | <input type="checkbox"/> NONRESIDENT ALIEN (TEMP/VISA) |
| <input type="checkbox"/> BLACK OR AFRICAN AMERICAN | <input type="checkbox"/> TWO OR MORE RACES/ETHNICITIES |
| <input type="checkbox"/> HISPANIC OR LATINO | <input type="checkbox"/> WHITE |
| <input type="checkbox"/> NATIVE AMERICAN / INDIGENOUS | <input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER |
| <input type="checkbox"/> DECLINE TO STATE | |

EMERGENCY CONTACT INFORMATION:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____