**SAMPLE STUDENT DATA COLLECTION FORM**

![[ State seal ]]()

The Workforce Board (the state agency that regulates this school) requires that we ask you for this information, by law (RCW 28C.10.050). Providing your social security number is voluntary. By law, the information you provide on this form cannot be given out by any state agency as public information. The Workforce Board will not disclose data to anyone except authorized Workforce Board employees or contractors working on specific research activities, who follow strict confidentiality procedures. This format follows the information required to be submitted by the school as part of the annual student data report.

**[Name of School]**

**[Address]**

**[Telephone]**

**[Website]**

Last Name: First Name: MI:

Address: City: State: Zip:

Phone Number: Date of Birth: / /

Social Security Number: - -

Race (Check only one box):

[ ]  White/Caucasian [ ]  Asian

[ ]  Black/African American [ ]  Multiracial

[ ]  American Indian or Alaska Native [ ]  Other

[ ]  Hawaiian Native or other Pacific Islander

\*Are you Hispanic in origin? [ ]  Yes [ ]  No Sex: [ ]  Male [ ]  Female

\*Are you disabled? [ ]  Yes [ ]  No

\*Are you a military veteran? [ ]  Yes [ ]  No

Highest grade completed:

[ ]  Less than high school graduation [ ]  Certificate (less than 2 years)

[ ]  High school graduate [ ]  Associate degree

[ ]  GED [ ]  Bachelor’s degree

[ ]  Some post high school, no degree/certificate [ ]  Master’s degree or higher

Student Signature Date