

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