

INITIAL STUDENT REPORT

BL

Student's Name _____

(last)

(first)

(middle initial)

Address _____

(street)

(town)

(zip code)

Telephone (day) _____

OK to call? _____

OK to mail? _____

DOB _____

Country of Birth _____

Sex: M ___ F ___

Last Grade Completed _____

AGE:

ETHNIC GROUP:

EMPLOYMENT STATUS:

16-24 _____

Native American _____

Full-time _____

25-35 _____

Asian _____

Part-time _____

36-45 _____

Pacific Islander _____

Unemployed _____

46-55 _____

African American _____

Disabled _____

56-65 _____

Afro-Caribbean _____

Retired _____

65+ _____

African _____

Not in Labor Market _____

Latino _____

Other _____

White _____

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