





## College for Middle/High School Students

	Fall (August) Spring (January) Summer (May)	
Legal Name	ieal	Year
	Last First Middle	
Mailing Address		
Num	per and Street Apt. # City State Zip Coun	ity
If "no", please list all home address	t home address for the last 12 months?   Yes  No ses within the past 12 months:	Office U
STREET	CITY STATE COUNTY FROM MM/DD/YY TO MM/	DD/YY
Birth Date/	(required)	
Email Address		
Country of Birth	copy of permanent residency çard or VISA/passport page.	
Ethnicity  Hispanic or Latio		
Ethnicity  Hispanic or Latio	Country of Citizenship  One One Not Hispanic or Latino  Gender One Male Female  or Alaska Native [NAM] One White [WHT] One Black or African American [BLK]  or Pacific Islander [PAC] Asian [ASN] Other [OTR]	
Ethnicity  Hispanic or Latin Race  American Indian Native Hawaiian	Country of Citizenship  Not Hispanic or Latino  Gender  Male  Female  or Alaska Native [NAM]  White [WHT]  Black or African American [BLK] or Pacific Islander [PAC]  Asian [ASN]  Other [OTR]  Emergency Contact Information	
Ethnicity	Country of Citizenship  Not Hispanic or Latino  Gender  Male  Female  or Alaska Native [NAM]  White [WHT]  Black or African American [BLK]  or Pacific Islander [PAC]  Asian [ASN]  Other [OTR]  Emergency Contact Information	
Ethnicity	Country of Citizenship  O O Not Hispanic or Latino  Gender O Male Female  or Alaska Native [NAM] O White [WHT] O Black or African American [BLK]  or Pacific Islander [PAC] Asian [ASN] Other [OTR]  Emergency Contact Information  First Name	
Ethnicity	Country of Citizenship  No Not Hispanic or Latino Gender Male Female  or Alaska Native [NAM] White [WHT] Black or African American [BLK] or Pacific Islander [PAC] Asian [ASN] Other [OTR]  Emergency Contact Information  First Name Phone  Middle/High School Information  HS Code	
Race	Country of Citizenship  Not Hispanic or Latino Gender	
Ethnicity	Country of Citizenship  Not Hispanic or Latino Gender Male Female  or Alaska Native [NAM] White [WHT] Black or African American [BLK] or Pacific Islander [PAC] Asian [ASN] Other [OTR]  Emergency Contact Information First Name Phone  Middle/High School Information  HS Code (For Office Use Only)	

Selective Service (to be completed by all males): Selective Service Number:

To register on-line or for on-line verification of registration: www.sss.gov. Registration Information Office: 1-888-655-1825.

NOTICE: Under section 3345.32 of the Revised Code of the State of Ohio, if you are a male age 18 through 25, you are required to complete this information. Failure to do so will prohibit you from registering for classes. If you have not registered, you must indicate below the reason you are not required to register.

I certify that I am not required to be registered with Selective Service, and I qualify for exemption for the following reason:

☐ I have not reached my 18th birthday.