

**Running Start Student Data Form**

**Please write in ink and write legibly. Answer all questions completely**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: | | First Name: | | MI: | College Student ID#:    -- -- | | | | |
| Sex:  Male / Female | Preferred Pronoun:  He / She / They | | Birth Date:  / / | | Social Security# (transfer students only) :    -- -- | | | | |
| Street Address | | Apt# | | City | State Zip Code | | | | |
| Cell Phone #: | | Home/Other #: | | Email Address: | | | | | |
| High School: | | High School City: | | High School Start Yr: | | High School Grad Yr: | | | |
|  | | | | |  | | |  | |
| 1. What grade will you be in when you begin Running Start? | | | | | Junior | | | Senior | |
| 2. Are you a home-schooled student? | | | | | Yes | | | No | |
| 2a. If Yes, are you seeking a high school diploma? | | | | | Yes | | | No | |
| 3. Have you ever taken courses at another college in Washington State? | | | | | Yes | | | No | |
| 3a. If Yes, was it for Running Start? | | | | | Yes | | | No | |
| 3b. School: City: Years attended from: / | | | | | | | | | |
|  | | | | |  | |  |  | |
| 4. Do you plan to complete a degree at this college? | | | | | Yes | | No | | Undecided |
| 5. Do you plan to transfer to a 4-year college? | | | | | Yes | | | No | |
| 6. Are you a Washington State resident? | | | | | Yes | | | No | |
| 6a. Are you an international student? | | | | | Yes | | | No | |
| 7. Which race do you consider yourself to be? (circle all that apply)  African / African American / Aluet / Native American / Eskimo / White  Asian Indian / Cambodian / Chinese / Filipino / Samoan / Hawaiian / Japanese / Korean / Laotian / Vietnamese  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| 7a. Are you of Spanish/Hispanic origin? | | | | | Yes | | | No | |
| 7b. If Yes, please specify: | | | | | | | | | |
| 8. Have you lived in Washington state continuously for the past 12-months? | | | | | Yes | | | No | |
| 9. Were you claimed or will you be a dependent on a federal income tax return by  your mother, father or legal guardian in the current year? | | | | | Yes | | | No | |
| 9a. Were you claimed in the past calendar year? | | | | | Yes | | | No | |
| 9b. If you were claimed or will be claimed, have your mother, father or legal  guardian lived in Washington State continuously for the past 12-months? | | | | | Yes | | | No | |

***I certify that all statements on this form are true to the best of my knowledge*.**

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Office Use Only: |
| Inputted data form **** Issues: Issues Resolved **** |



**Running Start Student Data Form**

**Please write in ink and write legibly. Answer all questions completely**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: | | First Name: | | MI: | College Student ID#:    -- -- | | |
| Sex:  Male / Female | Preferred Pronoun:  He / She / They | | Birth Date:  / / | | Social Security# (transfer students only) :    -- -- | | |
| Street Address | | Apt# | | City | State Zip Code | | |
| Cell Phone #: | | Home/Other #: | | Email Address: | | | |
| High School: | | High School City: | | High School Start Yr: | | High School Grad Yr: | |
|  | | | | |  | |  |
| 1. What grade will you be in when you begin Running Start? | | | | | Junior | | Senior |
| 2. Are you a home-schooled student? | | | | | Yes | | No |
| 2a. If Yes, are you seeking a high school diploma? | | | | | Yes | | No |
| 3. Have you ever taken courses at another college in Washington State? | | | | | Yes | | No |
| 3a. If Yes, was it for Running Start? | | | | | Yes | | No |
| 3b. School: City: Years attended from: / | | | | | | | |



**Running Start Student Data Form**

**Please write in ink and write legibly. Answer all questions completely**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: | | First Name: | | MI: | College Student ID#:    -- -- | | | | |
| Sex:  Male / Female | Preferred Pronoun:  He / She / They | | Birth Date:  / / | | Social Security# (transfer students only) :    -- -- | | | | |
| Street Address | | Apt# | | City | State Zip Code | | | | |
| Cell Phone #: | | Home/Other #: | | Email Address: | | | | | |
| High School: | | High School City: | | High School Start Yr: | | High School Grad Yr: | | | |
|  | | | | |  | | |  | |
| 1. What grade will you be in when you begin Running Start? | | | | | Junior | | | Senior | |
| 2. Are you a home-schooled student? | | | | | Yes | | | No | |
| 2a. If Yes, are you seeking a high school diploma? | | | | | Yes | | | No | |
| 3. Have you ever taken courses at another college in Washington State? | | | | | Yes | | | No | |
| 3a. If Yes, was it for Running Start? | | | | | Yes | | | No | |
| 3b. School: City: Years attended from: / | | | | | | | | | |
| 4. Do you plan to complete a degree at this college? | | | | | Yes | | No | | Undecided |
| 5. Do you plan to transfer to a 4-year college? | | | | | Yes | | | No | |
| 6. Are you a Washington State resident? | | | | | Yes | | | No | |
| 6a. Are you an international student? | | | | | Yes | | | No | |
| 7. Which race do you consider yourself to be? (circle all that apply)  African / African American / Aluet / Native American / Eskimo / White  Asian Indian / Cambodian / Chinese / Filipino / Samoan / Hawaiian / Japanese / Korean / Laotian / Vietnamese  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| 7a. Are you of Spanish/Hispanic origin? | | | | | Yes | | | No | |
| 7b. If Yes, please specify: | | | | | | | | | |
| 8. Have you lived in Washington state continuously for the past 12-months? | | | | | Yes | | | No | |
| 9. Were you claimed or will you be a dependent on a federal income tax return by  your mother, father or legal guardian in the current year? | | | | | Yes | | | No | |
| 9a. Were you claimed in the past calendar year? | | | | | Yes | | | No | |
| 9b. If you were claimed or will be claimed, have your mother, father or legal  guardian lived in Washington State continuously for the past 12-months? | | | | | Yes | | | No | |

***I certify that all statements on this form are true to the best of my knowledge*.**

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Office Use Only: | | | | |
| Inputted data form **** Issues: Issues Resolved **** | | | | |
|  | | | | |
| 4. Do you plan to complete a degree at this college? | Yes | No | | Undecided | |
| 5. Do you plan to transfer to a 4-year college? | Yes | | No | | |
| 6. Are you a Washington State resident? | Yes | | No | | |
| 6a. Are you an international student? | Yes | | No | | |
| 7. Which race do you consider yourself to be? (circle all that apply)  African / African American / Aluet / Native American / Eskimo / White  Asian Indian / Cambodian / Chinese / Filipino / Samoan / Hawaiian / Japanese / Korean / Laotian / Vietnamese  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 7a. Are you of Spanish/Hispanic origin? | Yes | | No | | |
| 7b. If Yes, please specify: | | | | | |
| 8. Have you lived in Washington state continuously for the past 12-months? | Yes | | No | | |
| 9. Were you claimed or will you be a dependent on a federal income tax return by  your mother, father or legal guardian in the current year? | Yes | | No | | |
| 9a. Were you claimed in the past calendar year? | Yes | | No | | |
| 9b. If you were claimed or will be claimed, have your mother, father or legal  guardian lived in Washington State continuously for the past 12-months? | Yes | | No | | |

***I certify that all statements on this form are true to the best of my knowledge*.**

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Office Use Only: |
| Inputted data form **** Issues: Issues Resolved **** |