

How to Fill Out a Registration Form
form = paper that asks you for information
Read the form. Give the information it wants.

Student Information

Name*

First Name	Middle Name	Last Name

Email*

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Date of Birth*

MMMM DD, YYYY	
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What is your current age?*

- ☐ 16
- ☐ 17-18
- ☐ 19+

Gender*

- ☐ Male
- ☐ Female
- ☐ No answer

Ethnicity (Choose one)*

- ☐ Yes - Hispanic/Latino
- ☐ No - Not Hispanic/Latino
- ☐ Participant did not self identify
- ☐ Participant did not self-identify

Race: Check all that apply*

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

Select your NATIVE LANGUAGE *

Address*

Address Line 1

Address Line 2

City

State

ZIP Code

Phone*

Format: (432) 685-0000

Is it okay if we send text messages to this number?*

- ☐ Yes
- ☐ No

Please check ALL the devices you currently have:*

- ☐ Cell Phone with internet access (examples: iPhone, Samsung, Google Pixel, Motorola, LG)
- ☐ Tablet/iPad
- ☐ Computer/Chromebook
- ☐ Mac/Apple Computer
- ☐ None of the above

How often do you have access to the internet? Please choose ONE option:*

- ☐ Always or almost always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Never

What do you usually use to access the internet? Please check ALL that apply:*

- ☐ Cell phone
- ☐ Tablet/iPad
- ☐ Desktop Computer
- ☐ Laptop Computer
- ☐ Other: _____

Do you have an email account?*

- ☐ YES
- ☐ NO

If you answered "No", do you know how to create an email account? *

- ☐ YES
- ☐ NO

6. Do you use the internet to access any of the following services? Please check ALL that apply:*

- ☐ Housing
- ☐ Shopping
- ☐ Banking
- ☐ Healthcare
- ☐ Transportation
- ☐ Education/Learning
- ☐ Social Media
- ☐ Employment Search
- ☐ Other

7. Do you know how to manage your privacy settings online? *

- ☐ Yes
- ☐ No

8. Do you share any devices with others in your household? *

☐ Yes

☐ No

Equal Opportunity Information

Do you have a disability?*

☐ Yes

☐ No

☐ Prefer not to answer

Category of Disability (check all that apply)*

☐ The impairment is primarily physical, due to a chronic health condition

☐ The impairment is primarily physical, including mobility

☐ Because of a mental illness, psychiatric disability, or emotional condition, has serious difficulty concentrating, remembering, or making decisions

☐ Blind or serious difficulty seeing

☐ Deaf or serious difficulty hearing

☐ Learning disability

☐ Prefer to not disclose category of disability

Veteran Characteristics

Are you a Veteran?*

☐ Yes

☐ No

☐ Status not known

Eligible Veteran Status*

☐ Yes <= 180 days

☐ Yes, Eligible Veteran

☐ Yes, Other Eligible Person

☐ No