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*

Date of Birth*

MMMM DD, YYYY

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

LIVEWORKSHEETS

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

LIVEWORKSHEETS

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

LIVEWORKSHEETS

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

LIVEWORKSHEETS