

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*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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First Name

Middle Name

Last Name

Email*

Date of Birth*

 

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