



# Crystal Point CNA Training School

32105 First Avenue South Suite B2, Federal Way, WA 98003

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## STUDENT DATA COLLECTION FORM

The Workforce Board (the state agency that regulates this school) requires that we ask you for this information, by law (RCW 28C.10.050). Providing your social security number is voluntary. The information you provide, including social security number, is used for research purposes only and to plan for Washington's workforce training needs. By law, the information you provide on this form cannot be given out by any state agency as public information. The Workforce Board will not disclose data to anyone except authorized Workforce Board employees or contractors working on specific research activities, who follow strict confidentiality procedures. This format follows the information required to be submitted by the school as part of the annual student data report.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Race (Check only one box):

- White/Caucasian  
 Black/African American  
 American Indian or Alaska Native  
 Hawaiian Native or other Pacific Islander

- Asian  
 Multiracial  
 Other

\*Are you Hispanic in origin?  Yes  No

\*Are you disabled?  Yes  No

\*Are you a military veteran?  Yes  No

Sex:  Male  Female

Highest grade completed:

- Less than high school graduation  
 High school graduate  
 GED  
 Some post high school, no degree/certificate

- Certificate (less than 2 years)  
 Associate degree  
 Bachelor's degree  
 Master's degree or higher

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

I agree that the above typed name is my e-signature