

CONFIDENTIAL

MISSISSIPPI BAND OF CHOCTAW INDIANS

DATE _____ **CHOCTAW ADULT EDUCATION PROGRAM**

SOC SEC # _____ **STUDENT PERSONAL DATA SHEET**

CLASS SITE _____ Telephone # _____

Name _____ Date of Birth _____ Age _____
(Last) (First) (Middle Initial) (Maiden) (M/D/Y)

Address _____
(House # and Street or PO Box) (City) (State) (Zip Code)

Sex: Male _____ Female _____ Marital Status: Single _____ Married _____ Widowed _____ Divorced _____

Employer: _____ Supervisor _____ Phone _____

Job Title _____ Work Schedule _____
(Days and Hours)

Are there any health problems that could affect your performance or attendance? Yes _____ No _____

If yes, what? _____

Emergency Contact _____ Phone _____

Highest Grade Completed _____ Last School Attended _____

If the highest grade completed is 12th grade, which of the following applies to you:
High School Diploma _____ GED Certificate _____ Certificate of Completion _____

Did you attend Special Education classes? Yes _____ No _____

Why did you drop out of school? _____

Have you attended Adult Education class before? Yes _____ No _____ If Yes, Where? _____ When? _____

Do you need Childcare Services to attend class? Yes _____ No _____ If Yes, list age(s) of child(ren) _____

Do you need transportation to attend class? Yes _____ No _____ If yes, Day _____ Night _____ Both _____

If yes, give directions to your house _____

Are you a registered voter? Yes _____ No _____ If yes, mark the following: County _____ Tribal _____

Do you have a driver's license? Yes _____ No _____ If No, are you interested in getting one? Yes _____ No _____

Check the one that applies if you had a license and no longer have one:

Expired _____ Revoked _____ Year? _____

Student's Signature _____ CDIB _____