

HPS STUDENT REGISTRATION FORM

Your 8 digit Participant Identification number is made up of: 2 digits of your birth month (01-12), 2 digits of your birth day (01-31), and the last four digits of your Social Security Number. This identifier protects your personal information in our database and allows us to provide you credit for this course.

Example: The Participant ID for someone born 11/21/1989 with the SSN 123-45-6666 would be: 11/21/6666

***Participant ID** ___ ___ / ___ ___ / ___ ___ ___ ___

An Asterisk (*) indicates that the field is required.

***First Name:** _____

Middle Name: _____

***Last Name:** _____

Maiden Name: _____

Suffix: _____

Address: _____

City: _____

State _____ **Zip:** _____

***County:** _____

Phone 1: _____

Phone 2: _____

Fax: _____

Email: _____

Date of Birth: _____

***Primary Language?**

- English
- Other

***Ethnicity** (Check if applicable):

- Hispanic or Latino

***Race:** (check as many as apply)

- American Indian or Alaskan Native
- Asian (Chinese, Filipino, Japanese, Korean, Asian Indian or Thai)
- Asian (Other)
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

***Disadvantaged Background?:**

- Yes
- No

***Gender:**

- M
- F

***Neighborhood Type:**

- Rural
- Suburban
- Urban