

# Career Education Options (CEO)

State Reporting Registration  
CEO contact CHSP@bellevuecollege.edu



Bellevue CEO Students are required to self-report the following information for state reporting purposes. The information you provide will be input into a database.

Directions: Please complete this form for state reporting. *If you do not fill out parts of this form, responses will be selected for you.*

## NEW STUDENT INFORMATION

Legal Last Name	Legal First Name
Street Address	City and zip code
Mailing Address (if different than above)	City and zip code
Home Phone	Student Cell #
E-mail Address	

## CITIZENSHIP

City of Birth	State of Birth	Country of birth
U.S Citizen (please check)      Yes      No		
If you are not a U.S. Citizen, please provide an estimated date you moved to the U.S. (Month, Day, Year - xx/xx/xxxx)	<input type="text"/>	

## SCHOOL DISTRICT INFORMATION

What was the last school you attended?

Which School District do you live in?

Which School District signed your *Variance Attendance Form*?

## STUDENT DEMOGRAPHICS

Date of Birth (Month, day year ex. xx/xx/xxxx)	<input type="text"/>	Gender	Female	Male
			Other (please specify)	

Ethnicity (check all that apply):

Not Hispanic/Latino	Dominican	Cuban
Mexican/Mexican American/Chicano	Spaniard	Puerto Rican
Central American	South American	Latin American
Other Hispanic/Latino		

Race

Black

American Indian or Alaska Native (specify tribe)

White

Asian (specify country)

Pacific Islander (specify country)

Student Lives With  
(check all that apply)

Both Parents

Father Only

Mother/Step father

Stepfather or Stepmother

Agency

Other

Mother Only

Father/Stepmother

Grandparents

Guardian

Self

Military Family

U.S. Armed Forces active duty

National Guard Member

More than one member of armed forces/National Guard

No Affiliation

U.S. Armed Forces reserves

Data Not Available

No Response/Refused to state

Language you currently Speak

Language Spoken at home\*

Native Language\*

\*A response of language other than English (\*) requires a WELPA Testing Date (please enter date month, day, year - ex: xx/xx/xxxx)

Homelessness

Shelters

Doubled-up

Unsheltered

Hotels/Motels

Not Homeless

Social Security Number (SSN)\*

\*Social Security Number Optional (see below)

I refuse to provide my SSN/ITIN (please Initial)

\* Disclosure Statement: To comply with federal laws, we are required to ask for your Social Security Number (SSN), or Individual Taxpayer Identification Number (ITIN). If you do not provide this information, you may be subject to civil penalties of a \$50 fine in the event of an audit (refer to Internal Revenue Service Treasury Regulation 1.6050S-1 (e)(4) for more information). Refusing to provide this information does not affect your admission to the college.

What is the best way to contact you? Home Phone  Cell Phone  Email

---

Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

---

How did you find out about CEO?

Have you graduated from high school?  Yes  No

Did you ever have an IEP or 504 plan?  Yes  No

Do you have a GED?  Yes  No

Have you ever been eligible for free or reduced lunch?  Yes  No

**EMPLOYMENT INFORMATION**

Current employer \_\_\_\_\_

Job title \_\_\_\_\_

Hours per week \_\_\_\_\_

Are you able to schedule your work shift around your school schedule?  Yes  No

**PERSONAL BACKGROUND** (your response will **not** affect entrance into the program)

Offender (any arrest)  Yes  No

If Yes, what for:

Are you currently on probation?  Yes  No

Do you have any upcoming court dates?  Yes  No Date? \_\_\_\_\_

Are you required to be in school through your probation?  Yes  No  I don't know

Pregnant or Parenting youth  Yes  No

If pregnant, when are you or your partner due? \_\_\_\_\_

If you have a child, age? \_\_\_\_\_

Do you have arranged childcare?  Yes  No

Substance abuse Yes  No

Have you received treatment?  Yes  No When? \_\_\_\_\_

Are you currently in out-patient treatment?  Yes  No

If yes, what days and times do you attend? \_\_\_\_\_

Disability (learning, physical, or other)  Yes  No

If yes, are you interested in working with Disability Support Services?  Yes  No

### **PLANS FOR CEO**

*All CEO 1 classes meet Monday – Thursday. You are expected to attend class daily. Please choose a time that is convenient to your schedule and that you can commit to each day.*

- Mornings (8:30 – 10:30 am)
- Mid-Morning (11:30 am – 1:30 pm)
- Afternoons (2:30 – 4:30 pm) (*Available fall quarter only*)
- Evenings (5:30 pm – 7:30 pm)

What are you planning on working on?

- Certificate (1 year full-time study)  Degree (2 year full-time study)

What would you like to major in or focus on?

Why do you think CEO is a good fit for you?

Are there any reasons why you can't attend classes every day?

### VERIFICATION OF INFORMATION

The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment.

Legal Parent/Guardian Name Printed

Signature (print and sign): \_\_\_\_\_ Date

Legal Student Name Printed

Signature (print and sign): \_\_\_\_\_ Date

Bellevue College does not discriminate on the basis of race or ethnicity; creed; color; national origin; sex; marital status; sexual orientation; age; religion; genetic information; the presence of any sensory, mental, or physical disability; or veteran status in educational programs and activities which it operates. Bellevue College is prohibited from discriminating in such a manner by college policy and by state and federal law. All college personnel and persons, vendors, and organizations with whom the college does business are required to comply with applicable federal and state statutes and regulations designed to promote affirmative action and equal opportunity.