



YESS-ILP Participant Registration Form

Foundation for California Community Colleges

Participant Information

First Name _____ Last Name _____

County of Origin _____ County of Residence _____

Age: _____ Race/Ethnicity _____

Age Classification	Check One
Youth (16-18)	<input type="checkbox"/>
Emancipated Youth (19-21)	<input type="checkbox"/>
Non-Minor Dependent	<input type="checkbox"/>
Adult	<input type="checkbox"/>
Gender	
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Other	<input type="checkbox"/>

Care Category	Check One
Foster Care	<input type="checkbox"/>
Kinship Care	<input type="checkbox"/>
Group Home	<input type="checkbox"/>
Transitional Housing	<input type="checkbox"/>
Probation	<input type="checkbox"/>
SILP	<input type="checkbox"/>
Homeless	<input type="checkbox"/>

Education: 8th _____ 9th _____ 10th _____ 11th _____ 12th _____ College _____

Other (please explain): _____

Release Statement

This statistical information will be used to keep accurate records of the services provided by the community college YESS-ILP program. This information will assist the college in keeping accurate records of the classes that you take. It will also help the college to keep you informed of upcoming classes and events within the ILP at your local community college. Your name, address, and phone number will remain confidential. Statistical numbers (demographics - i.e., gender and education - not names) may be reported to funding agencies. No unauthorized person will have access to your information.

Signature _____

Date _____