



Spokane Community College PACE PERSONAL INFORMATION FORM

STUDENT INFORMATION

EACH FIELD IS REQUIRED TO BE COMPLETED. PLEASE TYPE OR PRINT WITH A BALLPOINT PEN.

Last Name _____ First Name: _____ Middle _____
 Preferred Name _____ Previous Last Name _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Cell? Yes No
 Email _____
 SID # (format: ###-##-####) _____ Birthdate (format: mm/dd/yyyy) _____

GUARDIANSHIP

Do you have a legal guardian? Yes No
 If yes, please provide a copy of proof. (Current legal guardianship paperwork is required to be on file in the PACE Services office before student can register for classes and/or services.)

Last Name _____ First Name: _____ Middle _____
 Previous Last Name _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Cell? Yes No Email _____

EMERGENCY CONTACT INFORMATION

Name _____ Phone _____ Cell Yes No
 Relationship to student _____ Email _____

TRANSPORTATION

What type of transportation do you use? Personal Vehicle Bus Paratransit
 If STA bus or Paratransit: Paratransit number _____ bus route _____

HIGH SCHOOL TRANSITION

Are you in a High School Transition Program? No Yes
 If so which High School/School District? _____

OTHER

Is there anything else we should know?

If you need accommodations based upon your disability, please contact SCC Disability Access Services at 509-533-7169 or email DAS@scc.spokane.edu.

STUDENT/GUARDIAN SIGNATURE	DATE
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FOR PROGRAM USE ONLY

20 _____ Summer Fall Winter Spring