Illinois Success Sequence Program
GROUP ENROLLMENT FORM

Success Sequence

Name of School/Program Site:_____ **Educator:** _____

Class Period:_____ **Grade:** _____ **Curriculum:** _____ **Program Start Date (mo/yr):** _____

Please use any of the following when identifying RACE:

-American Indian or Alaska Native
-Native Hawaiian or Other Pacific Islander
-Asian
-White
-Black or African-American
-Other, Unknown or I do not wish to identify

	First Name	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH OR AGE	SEX (GENDER)	GRADE	ZIP CODE	ETHNICITY (Hispanic/Latino/a Yes or No)	RACE (Record in next column if more than one applies)	RACE (Record if more than one applies)
	Sarah	*J*	*Smith*	*12*	*F*	*6*	*30030*	*No*	*Asian*	
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