

Illinois Success Sequence Program

Youth Enrollment Form

Name of Program Site: Program Year: 2022-2023		
Demographic Information		
Unique ID or Name: _____		
First Name	Middle Initial	Last Name
Age: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Zip Code (list zip code for where you live): _____		
Are you Latino/a or Hispanic: <i>(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race).</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown / I Do not wish to identify		
Race (check all that apply): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown / I Do not wish to identify <input type="checkbox"/> White		
Grade _____	Period _____	

Participation in Program and Surveys

The Success Sequence program and related surveys are voluntary and students have the option to opt-out.