**Dallas College Brookhaven Campus Nursing / BON Information Form**

Last Name: _____ First Name: _____ FULL Middle Name: _____

Address: _____ Apt #: _____ City: _____Zip: _____

Student ID:_____

Semester Admitted:_____

Complete Social Security Number: _____

Date of Birth: _____

Age: (Please check one)

- ☐ 25 and younger
- ☐ 26-30 years of age
- ☐ 31-40 years of age
- ☐ 41-50 years of age
- ☐ 51-60 years of age
- ☐ 61 and older

Race/Ethnicity:(Please check one)

- ☐ American Indian or Alaskan Native
- ☐ Asian or Pacific Islander
- ☐ Black/Non-Hispanic
- ☐ Hispanic
- ☐ White/Non-Hispanic
- ☐ Other _____

Gender: M F

(This information is only used for statistical purposes for the Dallas College Brookhaven Campus Nursing Program and the Texas Board of Nursing)