Cal-SOAP Data Form

First Name	M	Last Name

Student's School	Student's Email	Student's Cell Phone Number

School ID Number

Date of Birth		
Month	Day	Year
0 1	0 1 2 3 4 5 6 7 8 9	0 1 2
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

Grade
0 1 2 3 4 5 6 7 8 9

Gender (Circle One)
Male
Female
Other

Highest Level of Parents' Education		
	Mother	Father
Middle School		
Some High School		
High School		
Some College		
College		
Vocational		

Number of People in Household (Circle One)				
1	2	3	4	5
6	7	8	9	+

State ID--For Office Use Only

Annual Family Income	
Less than $33,600	
$33,601-$37,900	
$37,901-$42,100	
$42,101-$47,100	
$47,101-$50,900	
$50,901 or more	
Decline to State	

Eligible for Free or Reduced Lunch (Circle One)
Yes
No

Primary Ethnicity (Choose One)					
African American		Caucasian		Native Alaskan/ Native American	
Asian/ Pacific Islander		Filipino			
		Hispanic		Other	

Cal-SOAP Confidentiality Notice: The information on this form is considered to be confidential. No organization outside of Cal-SOAP and its consortium partners may have access to the information. This information is only used to evaluate program effectiveness and track students for future academic and collegeiate success.