



**U.S. Department of Labor**  
 Employment and Training Administration  
 Office of Job Corps

ETA FORM 640  
 OMB Control No. 1205-0219  
 Expiration Date: 05/31/2025

## Student Profile



Center Name:

Center Address:

Center Telephone:

Center Fax:

### Personal Information

Legal Name		Student ID	
Date of Birth		Legal Resident Status	
Place of Birth			

Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	
Address		Phone Number	
Marital Status		Dependents	
Family Status		Number in Family	
Family Income			

License Number		License Status	
Parental Consent		Pass Consent	

Initial HSD/HSE Status		Number of Months Out of School	
Highest Grade Completed		Number of Weeks Unemployed	
Hourly Wage of Previous Job			

Exam Date		Height	Weight
Screener			
Admissions Representative		OA Manager	

### Enrollment Information

Current Enrollment			
Enrolled		Arrival	
Enrollment Age		Type of Enrollment	
Residential Status		Dorm/Room/Bed	
Admissions Representative			
Job Corps Daycare		Allotment	
Tenure Days		Paid Days	



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Primary Contact Information			
Name		Relationship	
Address		Guardian	
Home Phone		Work Phone Ext	
Residential Status		Dorm/Room/Bed	

Alternative Contact Information			
Name		Relationship	
Address		Guardian	
Home Phone		Work Phone Ext	
Residential Status		Dorm/Room/Bed	

Evaluation Information			
Finalized Date	Evaluation Type	Average Score	Comments

Duty Status	Start Date	End Date	Total Days	Training Days

TABE Data

TABE 11/12								
Test Type	Test Form	Test Level	Valid Test	Test Date	Scale Score	Lexile/ Quantile	EFL	Educational Functioning Level

HSD/HSE Data									
Status	Date	State	Test Type	Literature	Math	Science	Social Studies	Writing	Essay

CTT/Vocation Data



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Type	ONET Code	Title	NTC	Start	Complete	Level

Course History			
Course	Start Date	End Date	Status

Water Safety					
	Status	Added By	Added Date	Modified By	Modified Date
Water Safety Status					
Swimming Proficiency					

Student: I the undersigned, certify that all information on this form is accurate.

**Legal Name**

**SIGNATURE:** **DATE:**



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