

Student ID (Staff Use Only)

New Student  Returning Student



Literacy Council  
of Northern Virginia

Date \_\_\_\_\_

### Student Profile

Gender  Man  Woman

Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Age \_\_\_\_\_

Name \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Nickname \_\_\_\_\_

Street Address \_\_\_\_\_

Apt # \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

[Telephone] Home \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

#### Check all races that apply

**NOTE:** Please answer both 1 & 2

American Indian or Alaskan Native

**1** Your Race/Ethnicity Are you Hispanic?  YES  NO

Asian

What country are you from? \_\_\_\_\_

Black or African American

Hawaiian or Other Pacific Islander

Year arrived in the US \_\_\_\_\_

White

#### How did you hear about the English class? (Please circle one)

Flyer/Sign | School | Friend | Internet | Employer | El Tiempo Latino | Other

#### Current Employment Status (Check all that apply):

- Working full-time
- Working part-time/seasonal
- Working but job ending
- Unemployed (not looking for a job)
- Unemployed (looking for a job)

What is your job? \_\_\_\_\_

Home Country Job: \_\_\_\_\_  None

If employed in home country, please write your title (Otherwise check None)

If checked, have you been unemployed for 27 or more weeks?  Yes  No

**EDUCATION\* (Check One)**  U.S.-based schooling  Non U.S.-based schooling

#### HIGHEST LEVEL OF SCHOOL COMPLETED OR DEGREE ATTAINED\* (Check one)

- |                                                                                   |                                                                                              |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> No schooling                                             | <input type="checkbox"/> High school equivalency                                             |
| <input type="checkbox"/> Grades 1-5 (Last grade completed _____)                  | <input type="checkbox"/> GED® <input type="checkbox"/> HiSET® <input type="checkbox"/> TASC® |
| <input type="checkbox"/> Grades 6-8 (Last grade completed _____)                  | <input type="checkbox"/> Some college (no degree)                                            |
| <input type="checkbox"/> Grades 9-12 (Last grade completed _____)<br>(no diploma) | <input type="checkbox"/> College or professional degree                                      |
| <input type="checkbox"/> H.S. diploma or alternate credential                     | <input type="checkbox"/> Unknown                                                             |

#### Do you own or use any of the following? (Check all that apply)

- None
- Computer
- Smart Phone
- Tablet
- Basic Phone
- Other: \_\_\_\_\_

#### Current Status (Check all that apply):

- I am homeless
- I am a single parent
- I receive public assistance
- Unknown
- I prefer not to say
- Not applicable

Do you have internet access at home?  Yes  No

What languages do you speak? Native: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Have you studied English before?  YES  NO

How well can you read your <b>native</b> language?	1 – Not At All	2	3	4	5 – A Lot
How well can you write your <b>native</b> language?	1 – Not At All	2	3	4	5 – A Lot
How well can you read <b>English</b> ?	1 – Not At All	2	3	4	5 – A Lot
How well can you write <b>English</b> ?	1 – Not At All	2	3	4	5 – A Lot

**Reason for studying and goal (Check all that apply):**

Citizenship  Driver's License  Improve Education  Get job  Keep job  Better job

**Family & Income**

How much money do **you** make in a year? \$ \_\_\_\_\_  
 If yearly income is unknown: Please indicate if weekly, bi-weekly, or monthly

How much money do **you and your family** make in a year? \$ \_\_\_\_\_

Including you, how many family members live in your home? \_\_\_\_\_

How many children/dependents do you have in your home? \_\_\_\_\_

How old are your children? (Birth dates of your children 17 and younger) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ , \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year , Month Day Year  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ , \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ , \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year , Month Day Year , Month Day Year , Month Day Year

(Lorton Only) Name of Spouse: \_\_\_\_\_ Phone #: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Emergency Contact Information**

Name of English Speaking Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**I give the Literacy Council of Northern Virginia, Inc., permission to use my name, image, children's image and/or statements in printed and online materials to promote adult literacy, English as a Second Language, and Literacy Council events. I understand that neither I nor the Literacy Council will be paid for the use of either my name or picture.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**CLASSROOM STAFF USE ONLY**

<p><b>Registrar Initials</b> _____</p> <p>Student Status: <input type="checkbox"/> New <input type="checkbox"/> Returning</p> <p>Class Sites: <input type="checkbox"/>BE <input type="checkbox"/>SKL <input type="checkbox"/>FLP <input type="checkbox"/>DWF <input type="checkbox"/>ET _____ (Location)</p> <p>Amount Due: \$ _____</p> <p><input type="checkbox"/> # of kids for childcare room: _____</p>	<p><b>Cashier Initials</b> _____</p> <p><input type="checkbox"/> Scholarship <input type="checkbox"/> Reward <input type="checkbox"/> Full Payment</p> <p>Amount Paid: _____</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> CC # _____ <input type="checkbox"/> TBP _____</p> <p>Agency to pay: _____</p> <p>Agency Contact Information: _____</p>
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**TUTORING STAFF USE ONLY**

<p>Date Paid: _____</p> <p>Scholarship <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Can meet outside home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have child care during tutoring? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Notes (Possible Site e.g., Library, James Lee Comm. Ctr.): _____</p>	<p>Availability:</p> <table border="1"> <thead> <tr> <th></th> <th>Mon</th> <th>Tues</th> <th>Wed</th> <th>Thurs</th> <th>Fri</th> <th>Sat</th> <th>Sun</th> </tr> </thead> <tbody> <tr> <td>Morning 9-12pm</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Afternoon 12-5pm</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Evening 5-10pm</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Morning 9-12pm								Afternoon 12-5pm								Evening 5-10pm							
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