

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 \_\_\_\_\_

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

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

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

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

**2** Check all races that apply

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hawaiian or Other Pacific Islander
- 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)

- No schooling
- Grades 1-5 (Last grade completed \_\_\_\_\_)
- Grades 6-8 (Last grade completed \_\_\_\_\_)
- Grades 9-12 (Last grade completed \_\_\_\_\_)  
(no diploma)
- H.S. diploma or alternate credential
- High school equivalency
  - GED®  HiSET®  TASC®
- Some college (no degree)
- College or professional degree
- Unknown

Current Status (Check all that apply):

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

Are you taking class now?  YES  NO

If YES, where? \_\_\_\_\_

What is your class called? \_\_\_\_\_

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

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

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 a job  Better job  Other: \_\_\_\_\_

**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 Date Year, Month Date Year

**Emergency Contact Information**  
 Name of English-Speaking Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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 \_\_\_\_\_  I do not consent  I do consent

**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"/> ESOLC <input type="checkbox"/> DWF <input type="checkbox"/> SKL <input type="checkbox"/> FLP _____  <small>(Location)</small></p> <p>Amount Due: \$ _____</p> <p><input type="checkbox"/> # of kids for childcare room: _____</p> <p>Student ID: _____</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"/> TBP _____</p> <p>Agency to pay: _____</p> <p>Agency Contact Information: _____</p>
---	--

**Computer Tester** Name: \_\_\_\_\_ Test Date: \_\_\_\_\_ Scale Score: \_\_\_\_\_ SPL: \_\_\_\_\_

**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>Availability:</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td></td> <td>Mon</td> <td>Tues</td> <td>Wed</td> <td>Thurs</td> <td>Fri</td> <td>Sat</td> <td>Sun</td> </tr> <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> </table>		Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Morning 9-12pm								Afternoon 12-5pm								Evening 5-10pm							
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun																										
Morning 9-12pm																																	
Afternoon 12-5pm																																	
Evening 5-10pm																																	

Notes (Possible Site e.g., Library, James Lee Comm. Ctr.): \_\_\_\_\_