

Student ID
(Staff Use Only)

New Student Returning Student



Literacy Council of Northern Virginia

Student Profile

Date _____

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 _____

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

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

Current Employment Status:

- Working full-time
- Working part-time/seasonal
- Unemployed but looking for a job
- Unemployed and not looking for a job

What is your job? _____

Home Country Job: _____ None
If employed in home country, please write your title (Otherwise check None)

Education: How many years of school did you complete in your country? (Please circle one)

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 Masters Doctorate

What languages do you speak? Native: _____, _____, _____

Have you studied English before? YES NO

	1	2	3	4	5
How well can you read your native language?	Not at all				A Lot
How well can you write your native language?	Not at all				A Lot
How well can you read English?	Not at all				A Lot
How well can you write English?	Not at all				A Lot

Current Status (Check all that apply):

- I am homeless
- I receive public assistance
- I am a single parent
- 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

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 , 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>Registrar Initials _____</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 _____ (Location)</p> <p>Amount Due: \$ _____</p> <p><input type="checkbox"/> # of kids for childcare room: _____</p> <p>Student ID: _____</p>	<p>Cashier Initials _____</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>
<p>Computer Tester Name: _____ Test Date: _____ Scale Score: _____ SPL: _____</p>	

TUTORING STAFF USE ONLY

<p>Program _____ Code _____</p> <p>PA Name: _____</p> <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: _____</p>	<p>Availability</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <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> <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> <p>Transportation (Bus, Car, Walk): _____</p> <p>Tutor preference: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> No Preference</p> <p>Possible Site (e.g., Library, James Lee Comm. Ctr.): _____</p>		Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Morning 9-12pm								Afternoon 12-5pm								Evening 5-10pm							
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