

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

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

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 (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

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

(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 style="text-align: center;">Registrar Initials _____</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"/> IET</p> <p>Amount Due: \$ _____ (Location)</p> <p><input type="checkbox"/> # of kids for childcare room: _____</p>	<p style="text-align: center;">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"/> CC # _____ <input type="checkbox"/> Rcpt # _____ <input type="checkbox"/> TBP _____</p> <p>Agency to pay: _____</p> <p>Agency Contact Information: _____</p>