



Name _____ (First Name) _____ (Middle Name) _____ (Last Name) Year arrived in the US _____

Current Employment Status (Check all that apply):

- Working full-time
- Working part-time/seasonal

What is your job? _____

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

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

- None Smart Phone
- Tablet Computer
- 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 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

(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>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: \$ _____</p> <p><input type="checkbox"/> # of kids for childcare room: _____</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"/> CC # _____ <input type="checkbox"/> Rcpt # _____ <input type="checkbox"/> TBP _____</p> <p>Agency to pay: _____</p> <p>Agency Contact Information: _____</p>
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