



Student Registration Form

All information is confidential unless otherwise noted.

Office Use Only		
Intake Date		Start Date
Tutor	Class	LACES

CONTACT INFORMATION

Last Name _____ First Name _____ Middle Initial _____
 Street Address _____
 City _____ State _____ Zip Code _____ Email _____
 Home Phone _____ Cell Phone _____ Work Phone _____

PERSONAL INFORMATION

Date of Birth _____ Ages of children/grandchildren at home if applicable _____
 Marital Status: Married Widowed Divorced Separated Never married
 Gender: Male Female Gender non-conforming; preferred pronouns: _____
 Race/Ethnicity: American Indian or Alaska Native Asian
Black or African American Hispanic or Latino
Native Hawaiian or Other Pacific Islander White
Two or more races Other: _____
 Emergency Contact Name/Relationship _____ Emergency Contact Phone Number _____

FOR IMMIGRANT STUDENTS ONLY

Country of Origin _____ Native Language if not English _____ Length of Time in USA _____

FOR CITIZENSHIP STUDENTS ONLY



Student Registration Form

All information is confidential unless otherwise noted.

Date You Became a Permanent Resident Expiration Date on Card

Have you applied for your citizenship before? Yes No

If so, what parts of the test did you fail, and how many times? _____

Have you ever been fingerprinted? _____

Have you even been detained by any authority? _____

Have you ever had a misdemeanor or felony? _____

WORK HISTORY

Employment Status: Full-time Part-time Retired Not looking for work
Employed with separation notice
Unavailable for work; reason: _____

Employer (if applicable) Job Title Length of Time in this Position

EDUCATIONAL HISTORY

Last Grade Completed: N/A K 1 2 3 4 5 6 7 8 9 10 11 HS Diploma
Associate's Degree Some College
BS/BA Degree MA/MS/Professional Degree Doctorate

Where did you go to school? _____

Did you miss a lot of school? Yes No Did you repeat any grades in school? Yes _____ No

What were your best subjects? _____

What were your worst subjects? _____

What, if any, difficulties did you have in school? _____

Note any special testing or help you received in school: _____

ADDITIONAL INFORMATION

What interests/hobbies/skills do you have? _____

Where do you most want to use the skills you will learn with Chatham Literacy? _____

How did you find out about our program? _____

STUDENT GOALS (Please check all that apply.)



Student Registration Form

All information is confidential unless otherwise noted.

Short Term

- Improve conversation skills
- Improve listening skills
- Increase vocabulary
- Improve accent/pronunciation
- Improve reading (sounding out words)
- Improve reading (understanding what you read)
- Improve writing skills
- Improve math skills
- Increase involvement in child's education
- Increase involvement in the community
- Converse by phone
- Understand radio
- Understand TV program
- Improve computer skills
- Other _____

Long Term

- Gain citizenship
- Register to vote
- Vote in an election
- Pass GED/HiSET exam in totality
- Pass a specific section of the GED/HiSET; please specify which section(s): _____
- Improve job skills
- Obtain a job
- Obtain a job promotion
- Get a library card
- Get a driver's license
- Become a committee/board member
- Other: _____

AVAILABILITY FOR TUTORING

When are you available? Please enter times below—see the example in Saturday evening's box.

Day of the Week	Mornings	Afternoons	Evenings
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			5 to 8 p.m.

WRITING SAMPLES

Please write down something that happened to you or something that you did today in English.

Please write down something that happened to you or something that you did today in your native language if other than English.



Student Registration Form

All information is confidential unless otherwise noted.

STUDENT WAIVERS

I freely give Chatham Literacy permission to share my information with its tutors to better aide in my future instruction.

Yes No

I freely give Chatham Literacy permission to share my information with Central Carolina Community College (CCCC) for referral purposes if needed. Yes No

I freely give permission to Chatham Literacy and grant providers to use my image in marketing and/or grant related materials. Yes Only from behind (no face showing) No

We ask that each student complete at least 3 hours of volunteer work for Chatham Literacy each year the student is enrolled. Volunteer work may include participation in Chatham Literacy events, community events, tutoring events, etc. The enrollment of the student is dependent on the acceptance of this condition. Check with the student coordinator if you have any questions or concerns. . Yes No

ATTENDANCE AND COMMITMENT TO LEARNING

I understand the following expectations and responsibilities:

- I will be committed to coming to class **on time**.
- I will call my tutor **at least one day in advance** if I need to miss a class or **two hours in advance in the event of an emergency**.
- I will call or text the Chatham Literacy Student Coordinator at 919-742-0578 **if I cannot reach my tutor**.
- I will call or text the Chatham Literacy Student Coordinator at 919-742-0578 if I need a schedule change, am concerned about my lessons, or need to discontinue tutoring.
- I will tell my tutor if I do not understand something or want help in a different way.
- I will work toward achieving my short and long term goals in and out of class when possible.

I understand that Chatham Literacy reserves the right to discontinue my tutoring services if I cannot follow the attendance and commitment to learning policy.

Student Signature

Date

Chatham Literacy Staff Member

Date



Student Registration Form

All information is confidential unless otherwise noted.

ASSESSMENT OBSERVATIONS and SCORES:

Pre Assessment Date:	Post Assessment Date:
CASAS Form # Level:	CASAS Form # Level:
Initial Raw Score:	Post Raw Score:
Initial Scale Score:	Post Scale Score:
Post Assessment Date:	Post Assessment Date:
CASAS Form # Level:	CASAS Form # Level:
Post Raw Score:	Post Raw Score:
Post Scale Score:	Post Scale Score:
Post Assessment Date:	Post Assessment Date:
CASAS Form # Level:	CASAS Form # Level:
Post Raw Score:	Post Raw Score:
Post Scale Score:	Post Scale Score:
Writing:	
Conclusions / Comments:	
Interviewer: Name	