



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:	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender non-conforming; preferred pronouns: _____	
Race/Ethnicity:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more races <input type="checkbox"/> Other: _____	
Emergency Contact Name/Relationship	Emergency Contact Phone Number	

FOR IMMIGRANT STUDENTS ONLY

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

FOR CITIZENSHIP STUDENTS ONLY

Date You Became a Permanent Resident	Expiration Date on Card
--------------------------------------	-------------------------



Student Registration Form

All information is confidential unless otherwise noted.

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?



Student Registration Form

All information is confidential unless otherwise noted.

How did you find out about our program? _____

STUDENT GOALS

As a student of Chatham Literacy, what would you like to accomplish (ex: pronunciation, communication skills, etc.)

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 aid 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

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:



Student Registration Form

All information is confidential unless otherwise noted.

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	